

CHEMIST & DRUGGIST

The newsweekly for pharmacy

October 16, 1993



“MY, HAVEN'T YOU
grown”

How do you make the fastest growing baby food brand grow even faster? Well first you introduce new pack designs, then serve up three new variants, Cauliflower Cheese, Creamy Oat Porridge and Mixed Vegetable Casserole.

Follow this up with £6 million of advertising, making sure you put £3 million of that on TV.

For any baby food brand other than us this would be an extremely tall order indeed.

But not for Farley's.



SO FARLEY'S SO GOOD

**DoH imposes
1993-94 pay
package**

**NACEP told:
'sell your wares
to doctors'**


**Updating on
formularies**

**Seize the POM
to P opportunity**

**Lloyds report
record profits**



**Babycare: It's a
buoyant market**



For your customers it's more than just a pain.
It's an irritation.

Household detergents, perfumes, nickel in jewellery, insect bites can all cause painful skin irritations, including allergic and irritant contact dermatitis. And you can't recommend a more effective treatment for these conditions than 1% hydrocortisone.

H^c45, the leading OTC 1% hydrocortisone, is a non-greasy cream that reduces the redness and swelling of irritated skin. It also relieves itching, soothes and calms the soreness of the skin and promotes healing.

Research also shows that customers follow your directions and use H^c45 correctly¹. As you know, proper use means twice a day for seven days or less. In between those treatments, generous application of Cream E45 can provide extra soothing relief.

No wonder H^c45 is recommended more than any other OTC hydrocortisone cream. And no wonder we see H^c45 as an essential part of the complete skin care programme provided by the E45 range. For detailed information on H^c45 and the full range of E45 products, contact:
Crookes Healthcare Limited, Nottingham NG7 2LJ.



EFFECTIVE TREATMENT FOR INFLAMED & IRRITATED SKIN

REFERENCE: 1. Martin Hamblin Research, The Purchasing of OTC Hydrocortisone, January, 1990. **PRODUCT INFORMATION:** H^c45: Smooth white cream containing hydrocortisone acetate BP 1% w/w. **Uses:** For the relief of irritant contact dermatitis, allergic contact dermatitis and insect bite reactions. **Dosage and administration:** Apply sparingly to a small area, once or twice a day, for a maximum of 7 days. **Contra-indications, warnings etc:** H^c45 should not be used on the eyes or face, the ano-genital area or on broken or infected skin, including impetigo, cold sores, acne or athlete's foot. The product should not be used in pregnancy or in children under 10 years without medical advice. **Package quantity:** Tube containing 15g. **RSP:** £2.29. **Legal category:** P. **Product licence number:** PL 0327/0039. **Cream E45:** White bland emollient cream which contains white soft paraffin BP 14.5% w/w, light liquid paraffin Ph Eur 12.6% w/w and hypodallergenic anhydrous lanolin 1.0% w/w. **Uses:** For the symptomatic relief of dry skin conditions, where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis. **Dosage and administration:** Apply to the affected part two or three times daily. **Contra-indications, warnings etc:** Cream E45 should not be used by patients who are sensitive to any of the ingredients. **Package quantities:** Tubes containing 50g. Tubes containing 125g and also 500g. **RSP:** Tube 50g £1.60. Tub 125g £3.20. Tub 500g £7.55. **Legal category:** GSL. **Product licence number:** PL 0327/5904. Crookes Healthcare Ltd, Nottingham NG2 3AA.

CHEMIST & DRUGGIST

INCORPORATING RETAIL CHEMIST
& PHARMACY UPDATE

EDITORIAL

Editor: John Skelton, MRPharmS
Deputy Editor: Patrick Grice, MRPharmS
Contributing Editor: Adrienne de Mont,
MRPharmS
Assistant Editor: Jane Feely, PhD,
MRPharmS
Business Editor: Anna Evangelis, BSc
Beauty Editor: Sarah Purcell, BA
Technical Reporter: Maria Murray,
MRPharmS
Reporter: Jo Grimes, MRPharmS
Art Editor: Tony Lamb

Price List Controller: Colin Simpson

ADVERTISING

Advertisement Manager:
Ian Gerrard
Deputy Advertisement Manager:
Julian de Bruxelles

Doug Mytton
Pauline Borda
Production: Shirley Wilson
Advertisement Director:
Frances Shortland

PUBLISHER

Ron Salmon, FRPharmS

PUBLISHING DIRECTOR

Felim O'Brien

**Published Saturdays by Benn
Publications Ltd.**, Sovereign Way,
Tonbridge, Kent, TN9 1RW
Telephone: 0732 364422
Telex: 95132 Benton G
Facsimile: 0732 361534

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This week

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Comment

This week Health Secretary Virginia Bottomley and PSNC chairman David Sharpe met, following the rejection by the Local Pharmaceutical Committee Conference of PSNC's recommendation that the Department of Health's August pay offer be accepted.

The result was predictable — imposition of those terms but without the threatened penal clauses for being recalcitrant — a Pyrrhic victory of sorts for the PSNC and recognition by the DoH that, when sticking the knife into pharmacy, it makes sense not to put the boot in as well!

The other good news is that the DoH is prepared to go on talking with the PSNC about the "important changes" presaged for 1995 when 20 per cent of the global sum will be handed over to family health services authorities for the provision of "local pharmacy services". There had been a scarcely veiled threat that rejection of the DoH offer resulting in imposition could prejudice the Government's attitude to future pay negotiations for contractors in England and Wales in regard to their conduct, timescale and tenor.

It is good that sense prevailed. When the only weapon the PSNC has at its disposal is sweet reason and the excellent service that contractors offer the public at considerable personal cost, then bully-boy tactics are likely to prejudice

pharmaceutical goodwill. In the end, that could prove expensive to any government as dispensing doctors and other potential pharmacy service substitutes will prove more expensive to the taxpayer, and less satisfactory to the public.

Last week at the Unichem Convention, Glaxo Holdings managing director Sean Lance gave what might, in future years, be seen a "landmark speech" (*C&D*, October 9, p644). Following the recent Glaxo results meeting, when chief executive Dr Richard Sykes pointedly said "industry drives the market, not politics", Mr Lance, during questions, said that Glaxo wanted to reward those who cared for patients: "That is probably the challenge of the [agency] scheme over the next five years." In his paper he said pharmacists could expect a challenge from Glaxo to adapt to the new market; a challenge to support their products and services. "This will bring reward, recognition and on-going income growth."

Is Mr Lance suggesting that Glaxo step in to reward pharmacists for their healthcare efforts — presumably in respect of Glaxo products and services — as the Government fights shy of properly recognising community pharmacists' local efforts either in terms of respect or due payment? Glaxo could then drive the market in their direction and at their speed, neither of which might be palatable to the Government but should be to pharmacist and patient.

Government moves to impose 1993-94 pay offer

The Government is to implement the pay settlement for 1993-94, despite the fact that local pharmaceutical committees rejected the offer at their conference on October 3.

In a release issued on October 12, the Department of Health says that Secretary of State for Health, Virginia Bottomley, met with the Pharmaceutical Services Negotiating Committee chairman David Sharpe on October 11 to inform him that she intends to implement the settlement.

She told him that the Government had no choice but to implement a settlement based on a 1.5 per cent increase in the global sum.

Mrs Bottomley said she was disappointed that, after considerable discussion, it was not possible to reach agreement with the pharmacists. It was particularly disappointing that the PSNC's recommendation for a settlement was not approved by local pharmacist representatives.

"I believe that the package represents a fair deal for pharmacists, for patients and for the taxpayer," Mrs Bottomley said. "During discussions with the PSNC, we listened carefully to the representations it made, particularly about small pharmacies, and we have reflected those concerns in our revised proposals."

She continued: "Looking ahead, more work now needs to be done to prepare for the introduction of local pharmacy budgets. We wish to continue discussion with the PSNC about these important changes."

"At yesterday's meeting with me, Mr Sharpe made it clear that this was also the PSNC's wish. It must be right that local people have a greater say in the provision of local services. I am confident

that it will mean a better service for the public."

In a statement the PSNC said it regretted the Government's decision to impose the pay settlement. The Committee was now considering the various actions it might take.

PSNC said that the DoH release may give a somewhat misleading impression.

"In particular, Mrs Bottomley suggests that the PSNC was content with the package on the basis that the proposals met our concerns, especially in relation to small pharmacies. This is simply not the case."

"At the LPC conference, David Sharpe made it very clear that the financial package was totally inadequate and therefore unacceptable. However, given the clear warning from the DoH that rejection would prejudice future negotiations, the PSNC had

reluctantly recommended acceptance."

President of the Royal Pharmaceutical Society Nicholas Wood said that the changes to the ESPS and interim arrangements for the professional allowance provided time for more thought to be given to the eventual shape of the remuneration package.

"Despite the imposition, we are nevertheless reassured by Mrs Bottomley's recognition of the need to continue discussions with PSNC about these changes."

Council remains concerned that too much emphasis is being laid on prescription numbers as a measure of the contribution a pharmacy makes to the NHS.

Director of the National Pharmaceutical Association Tim Astill said the NPA was very concerned at a state of affairs that had resulted in imposition.

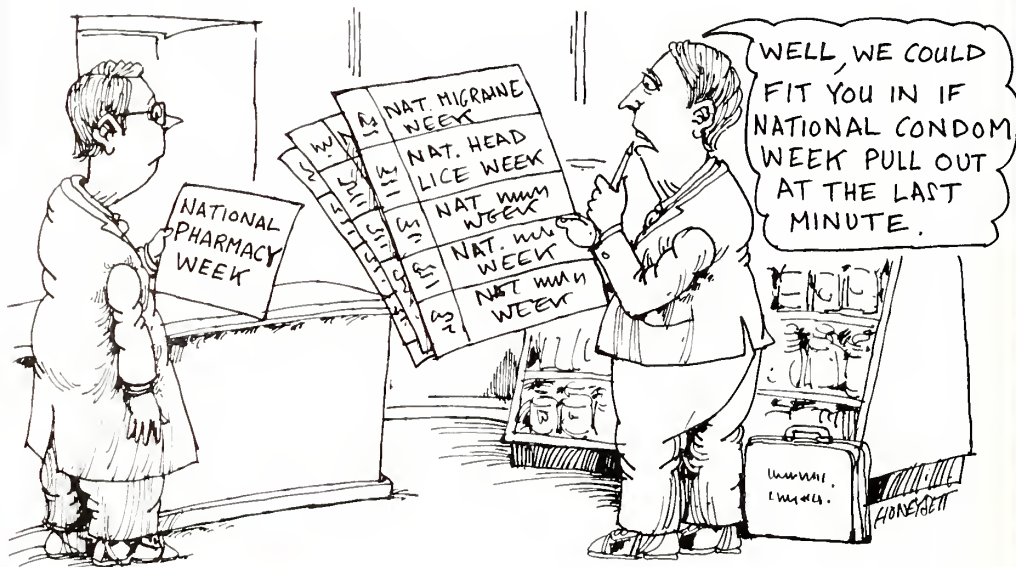
"I find the whole thing pretty

depressing, but at least the Government and PSNC are still talking," he said. "Ministers are not prepared to listen to reasoned argument which is the only thing PSNC has at its disposal."

Hemant Patel, chairman of the Pharmacy Support Group, said the PSG shared concerns about local needs but said they should not be provided at the expense of pharmacy contractors.

"The house of pharmacy is built on the three pillars of recruitment, retention and motivation but the fourth pillar of security is missing," he said.

Barnet LPC chairman Adrian Korsner said the PSNC must now investigate every avenue to address the problems. "If the PSNC prevaricates and does nothing, this will be an even worse situation because we cannot carry on for long under the terms of this settlement."



Pressure group calls for national 'Pharmacy Week'

The Pharmacy Support Group has called for a national "Pharmacy Week" to help raise the profile of the profession with the public.

Hassan Argomandkhah, founder of the pressure group Rescue the Independent Pharmacy, which recently merged with the PSG, has written to the Pharmaceutical Services Negotiating Committee, the National Pharmaceutical Association and the Royal Pharmaceutical Society to ask for their support.

The aim of the week should not be just to complain about pharmacy remuneration, he told

C&D, but to tell the public about all the services which pharmacy can offer.

Mr Argomandkhah envisages that the week would be supported with posters and leaflets displayed in all pharmacies, plus stands manned by local contractors and their staff in all main city and town centres.

He also wants to see "high calibre" celebrities present at the week's launch as well as MPs from all parties.

"Following the rejection of the DoH offer, we need a positive national publicity drive involving all contractors," he says.

The imposed pay offer

- The main points of the 1993-94 settlement are:
- Global sum to increase by 1.5 per cent to £640.6 million
- Dispensing fee of £1.35 per prescription for first 1,700 and 94.5p for all additional scripts
- On-cost to be abolished
- Expensive prescription fee for all scripts with a net cost more than £50
- Professional allowance of £500 per month provided pharmacists:
 - dispense 1,500 or more scripts per month
 - produce a practice leaflet
 - display health promotion literature

Those dispensing between 1,000 and 1,500 will receive a graduated payment rising from £250 a month at 1,000 to £500 at 1,500. These payments to stop in 1995

- Essential Small Pharmacy Scheme to be extended to apply to those more than 1km from nearest pharmacy
- All other fees increased broadly in line with the 1.5 per cent increase in the global sum

Negotiations are the PSNC's realm, says Axon

"Pharmacists must let the Pharmaceutical Services Negotiating Committee negotiate — there should not be an injunction hanging over pharmacists where nothing can be agreed without going to conference," PSNC's secretary Steve Axon told the National Association of Co-operative Executive Pharmacists this weekend (see also p678).

Lessons have been learned from the protracted negotiations for remuneration, he explained: "It is not a good idea for conference or LPCs to insist on conference effectively having a specific mandate."

Conference had attempted to change the mandate so that they would have the final say, something Mr Axon hopes will never happen again.

Giving his personal view on the effectiveness of publicity campaigns, Mr Axon said that changes in NHS remuneration are inevitable and no public relations campaign will stop them. Although a proposal from the LPC in conference that each contractor contributed £5 to fund a PR campaign on pharmacists' behalf was being discussed by the PSNC this week, Mr Axon has little faith in the ability of a PR campaign to improve pharmacists' lot.

He also criticised the Pharmacy Support Group's plans to launch a petition which supposedly states that "thousands of pharmacies would be forced to close". Although it could cause an outcry and generate interest in the national Press, this would be at the expense of causing fear among the old and sick.

"Is this a responsible action to be taken by a body of representatives of a caring, health profession?" he asks.

Selected List regulations

Regulations adding 62 medicines and 550 foods to the Selected List have been laid before Parliament and will come into force on November 1.

The list, which includes topical anti-rheumatics and nicotine patches, was issued for consultation in August (C&D August 21 p292).

The Advisory Committee on Borderline Substances has also recommended that Zemaphyte, a herbal eczema remedy, should be removed from prescription. Ammonia and Ipecacuanha Mixture BP is to be made available on NHS prescription.

Supply scheme helps the terminally ill

Pharmacies in East London have set up a scheme to ensure that emergency supplies of terminal care medications are readily available.

Ten pharmacies in the Barking and Havering Family Health Services Authority area are guaranteeing to stock ten of each of seven items likely to be

required urgently for the support of terminal care patients. The list of pharmacies and medications is being distributed to all pharmacies, district nurses and home care teams in the area.

A pilot scheme started at the beginning of July and has been much appreciated by carers and patients alike, says Local

Pharmaceutical Committee secretary Bob Worby.

"There should now be no question of lengthy delays in the supply of these necessary drugs for the terminally ill," he says.

Mr Worby will be pleased to give details to pharmacists who write to him at 4 Heron Close, Buckhurst Hill, Essex IG9 5TP.

FHS Appeal Unit rules for pharmacy on prejudice

The Family Health Services Appeal Unit has dismissed an appeal by doctors in Braintree, North Devon, to dispense for rural patients. Its ruling has clarified the interpretation of "prejudicial to pharmaceutical services".

The ruling, which has been widely welcomed by pharmacists, moves away from using the closure of a pharmacy as evidence of prejudice. Instead it looks at the provision of "desirable but not necessary" services like rotas and emergency duty, and says that the inability to continue with these is prejudicial to services.

In effect, if there are two pharmacies operating a rota or on-call service and one is threatened by closure, the remaining pharmacy cannot continue with these arrangements alone so the GPs' application is considered prejudicial.

Local pharmacist Chris Carpenter, whose Braintree shop was affected by the application, is delighted with the ruling.

"This is a victory not only for the people of the Braintree area who opposed the doctors' application, but also for pharmacy in general," he said.

"It is particularly pleasing as we have put an enormous amount of work into defending something that we shouldn't have had to

defend in the first place."

Dennis Millington, secretary of Devon LPC, also welcomed the decision: "It is a common sense ruling."

When considering whether prejudice is likely to occur, the Appeal Unit has adopted the test that people should have access to medical and pharmaceutical services, and that these services should be of the standard which GPs and pharmacists are obliged to provide to comply with their respective terms of service.

In previous cases it has been held that prejudice to pharmaceutical services can only be shown if there is an inability to comply with the terms of service. A strict interpretation of this amounts to little more than a pharmacist having to remain in business.

"However, this interpretation is not enshrined in the Regulations and, in the light of its expertise, the Appeal Unit Committee takes the view that prejudice can result from other circumstances," says the ruling.

The Committee considers that the spirit of the Regulations envisages that pharmaceutical services are available on evenings and weekends, as exists in most FHS areas.

"Where in rural areas, not withstanding the limited number

of pharmacies available, it has been possible to provide these desirable but not necessary services, it is prejudicial to the proper provision of pharmaceutical services in general if those services are liable to be withdrawn," states the ruling.

"Clearly, at the point at which one of only two pharmacies is at risk of being closed, there is a prejudicial effect on the services."

• Devon FHS has approved one doctor dispensing application in Dartmouth, which has gone to appeal, and has turned down one in Willard, near Cullompton. A decision is still pending on an application in Okehampton.

'Get to know pharmacists' Astill urges doctors

"Get to know your pharmacist better. You and your patients will benefit from pharmaceutical care," Tim Astill, director of the National Pharmaceutical Association told an audience of doctors recently.

Addressing the inaugural meeting of the Independent Doctors Forum in London, Mr Astill said it was in everyone's interests for GPs and pharmacists to work more closely.

He reminded his audience that anything up to 20 per cent of hospital admissions were drug-related, and he urged GPs to take advantage of the "enormous mass of expertise" readily available from their pharmacist colleagues.

Patient compliance was a grossly under-rated problem, he said. There was no point in taxpayers spending £8 billion on drugs and medicines every year or the pharmaceutical industry spending £1.2 billion on research and development if the patient either does not take the medicine or takes it incorrectly.

Mr Astill urged doctors to spend time in one of their local pharmacies to see at first hand, some of the problems that arise.

Advertising controls to stay

Self-regulation will remain the main means of control of over-the-counter medicines advertising in the UK, according to proposals issued by the Medicines Control Agency last week.

Television and radio advertising will continue to be controlled by the Independent Television Commission Code, with pre-vetting by the Proprietary Association of Great Britain and the Broadcast Advertising Clearance Centre. The Advertising Standards Authority will continue to be responsible for print advertising.

The MCA will refer complaints to the relevant self-regulatory body and will become involved only if this system fails to produce

a resolution in a reasonable time.

The PAGB, which campaigned against plans to implement EC controls on advertising through the Medicines Act 1968, has welcomed the proposals.

Executive director Sheila Kelly said: "PAGB and the MCA worked hard to ensure that the EC Directive would allow self-regulation, with legislative back-up, to be the means of control."

"In a field as dynamic as consumer advertising, self-regulation enables flexibility and the fast responses which the industry needs. The infrequency of complaints about advertising reflects the effectiveness of the system."



Problems of incomplete prescriptions

I do try in my weekly column not to be too petty but this week I feel in a particularly irritable mood, so I will nit pick a little and hopefully someone will take note in order to make my life that little less stressful.

I have one patient who regularly takes sulpiride tablets and, although quite stable, I feel it would be professionally unreasonable to cause her any distress. She has always taken Dolmatil and this is what I supply but, according to the Drug Tariff, I am only paid for Sulpitil. If there was a massive price differential I could understand the problem but, by supplying 100 Dolmatil tablets instead of Sulpitil, I lose £0.47.

The easy solution? Delete sulpiride from the Tariff and allow me to endorse the brand dispensed or — dare I suggest it — a cartel at the same price between the manufacturers? Meanwhile, as far as I am concerned, the patient comes first so I do lose £0.47 every time, but how petty!

I dispense for many diabetic patients and become irritated by the number of scripts I have

to return for more precise quantities when I know, the patient knows and the surgery knows that Diastix $\times 2$ does not mean two sticks but 2×50 packs. This problem is repeated with other reagents, syringes, lancets and even cotton wool but, every time, back goes the prescription for endorsement. How ridiculous, but so easily rectified if our professional endorsements were accepted.

All those clever surgery computers churning out repeat prescriptions for non-existent capsules of penicillin or defaulting to curious presentations of common drugs. Caps Nifedipine SR does not mean Adalat but tell that to the surgery or, more importantly, tell that to the patients because that is what they have been taking for the past three years!

It was bad enough when receptionists wrote repeat prescriptions to be mass-signed by the doctor. But now they are computer generated, the same mistake is churned out time after time and it is obvious nobody ever reads the prescription before it is signed. After all, the computer cannot make a mistake!

Come on all you family health services authority pharmaceutical advisers — do your job and bang a few heads together. I have tried and dismally failed.

Drop the 'archaic' LS

I know most prescriptions are now computer generated and the handwriting mistakes of old cannot in these cases apply, but I still receive approximately 20 per cent handwritten scripts, particularly from elderly locums unable or unwilling to use the surgery computer.

One such script the other day was clearly written for Tenormin 25, confirmed by all my staff. There was no mistake about it but, of course, there was. It should have read Tenormin LS. Potentially this was a dangerous situation only saved by my computer records

and a confirmatory call to the surgery.

The patient was none the wiser and his or her faith in the professions of pharmacy and medicine is undiminished, but the archaic designation "LS" should now be dropped for Tenormin preparations before any more patients' treatment and safety are compromised.

Colour uniformity for generics

The level of generics being prescribed is still rising but, in conversation with local GPs, one of the commonest issues raised is that of conformity and uniformity.

I do assure these doctors that the days of low quality generics are gone for good and they can have total confidence in the products we purchase as being of the highest standards. But my task would be made that much easier if, once a drug's patent had expired, its generic equivalents were marketed with an appearance similar to the original.

I am aware of all the arguments of "passing off", but if it is accepted that amitriptyline tablets are all blue for 10mg, yellow for 25mg and brown for 50mg then the same principles should apply to all other generics.

The problem is not just one of the original patentee protecting their markets because the generic companies themselves appear unable to agree on common colours or even, in the case of atenolol 25mg, the same shape of tablet.

The effect on prescribers is to dissuade them from prescribing generically while they cannot be assured of uniformity, and compliance is threatened when patients are given unfamiliar dose forms without warning.

The multitude of different shapes and colours for the same drug appears self-defeating for a generic industry fighting to increase its market share. If they are unable to agree among themselves on a uniformity of presentation then, for the safety of the patient as well as common sense, standards of appearance and form should now be made a requirement of the licensing procedures.

PSNC ask for reduction in clawback

The Pharmaceutical Services Negotiating Committee has written to the Department of Health requesting a reduction in the discount clawback effective October 1, 1993.

The reduction is being sought in respect of two areas.

- **Parallel imports** As a result of the new PPRS arrangements, certain UK prices have been reduced where parallel imports are available, says the PSNC, thereby reducing the effective discount obtained on PIs.

- **Wholesalers thresholds** Some wholesalers' have increased their thresholds for qualifying purchases as a result of the new PPRS arrangements, says PSNC. This has reduced the discount obtained by community pharmacists on proprietary purchases.

The PSNC has also warned the Department about possible stock losses, particularly where there has been a significant reduction in proprietary prices reimbursed from November 1, 1993. The Committee points out that reductions as high as 82 per cent have been notified by some manufacturers.

CA questions advice on baby feeding

The independence of pharmacists' advice on the feeding of babies has been questioned in the latest issue of the Consumers' Association's magazine *Which? Way to Health*.

The magazine says that pharmacists get most of their information about feeding, including breastfeeding, from baby milk manufacturers and therefore questions how independent their advice will be.

In a mini-survey, a handful of new mothers were sent into pharmacies for advice, worried that they might not be producing enough milk. None were sold products and all the pharmacists suggested that they speak to their doctor or health visitor.

"All the mums in our exercise were given sound advice from their pharmacists — but can pharmacists ever be truly independent advisers when they profit directly from the sales of baby milk?" asks David Dickinson, editor of *Which? Way to Health*.

- Claims for vitamin E beauty products and food supplements should not be taken at face value, says the CA in the same issue.

When questioned, doctors said they had seen no evidence that vitamin E creams were any better than other moisturisers.

Topical REFLECTIONS

Lypsyl® Cold Sore Gel With three active ingredients

The quick
way to help
knock out
cold sores

You may have heard of a recent 'breakthrough'. • It is claimed that an Acyclovir-based cream can prevent about 40% of cold sores forming, if treated at the tingle stage. • **But around 60% of people still develop a cold sore anyway.** • Despite treating the tingle. • Which is why they need Lypsyl® Cold Sore Gel. • It's a heavy weight treatment, because it packs 3 punches. • An Antiseptic to fight infection, an Astringent to dry up the sore and an Anaesthetic to relieve the pain. • And it's this unique 3-pronged attack that helps rapid healing of cold sores, while giving symptomatic relief from discomfort and pain. • A technical knock-out, you might say. • So you might stock a treatment that takes on the tingle. • But for a cold sore that goes the distance, your customers need Lypsyl Cold Sore Gel.



Scriptspecials

Methadone management system

The Martindale Methadone Management System (MMS), an extended range of presentations designed for use in the treatment of opioid addiction, is now available from Martindale Pharmaceuticals.

Methadone Mixture DTF was available from Martindale Pharmaceuticals in a 500ml pack size. The new pack sizes for the oral presentation are 30ml (£0.68), 50ml (£0.93) and 100ml (£1.85).

Martindale say the smaller volume packs, including a 100ml "weekend" size, will ease dispensing. All oral pack sizes have child-resistant closures and improved tamper evidence.

Martindale Methadone Injection BP is the only product licensed in the UK with the dual indications of analgesia and the treatment of opioid drug addiction. The injection is available in four ampoule sizes: 10mg/1ml (10, £8.98); 20mg/2ml (10, £13.74); 35mg/3.5ml (10, £15.82) and 50mg/5ml (10, £16.49).

All presentations in the Martindale Management System are classified as Controlled Drugs (Schedule 2). The company says the system is intended to "improve convenience and compliance with detoxification therapy". **Martindale Pharmaceuticals. Tel: 0708 386660.**

New treatment for BPH

Xatral tablets from Lorex Pharmaceuticals alleviates the symptoms of benign prostatic hypertrophy, particularly if surgery is delayed.

Each tablet contains 2.5mg alfuzosin hydrochloride, a selective α_1 adrenoreceptor antagonist with properties similar to those of prazosin. The effect of Xatral is to reduce urethral resistance, bladder outlet resistance, bladder instability and the symptoms of BPH.

It is estimated that 50 per cent of males over 60 have symptoms of BPH, and 25 per cent of those who live to the age of 80 will require surgery to relieve the condition.

The introduction of effective drug therapy has shifted the management of BPH sufferers from the hospital into the community.

Product licence holder Lorex Pharmaceuticals Ltd, Lunar House, Globe Park, Marlow, Bucks SL7 1LW

Presentation Round, white film-coated tablets containing 2.5mg alfuzosin hydrochloride

Indications Relief of the functional symptoms of BPH

Dosage One 2.5mg tablet three times daily. The first dose should be taken just before bedtime. In

the elderly and treated hypertensive patients, the initial dose should be one tablet morning and evening

Contraindications Hypersensitivity to the product, history of orthostatic hypotension, patients taking other α -blockers, severe hepatic insufficiency

Warnings In hypertensive patients or if the dose administered is too high, orthostatic hypotension may occur after a dose of Xatral. The effects are transient and usually do not prevent the continuation of therapy with a reduced dose. Xatral should not be used in combination with calcium antagonists as this could lead to severe hypotension

Precautions Xatral has an antihypertensive action and should be prescribed with caution in patients taking antihypertensive drugs

Interactions Avoid use in combination with other α -blockers or calcium antagonists because of the risk of hypotension

Adverse effects Vertigo, dizziness, headache, minor gastrointestinal disorders

Legal category POM

Pack sizes Blister strips in packs of 60 (£19.00) or 90 (£25.00) tablets

Product licence PL 4969/0010

Roxiam warning

Astra Pharmaceuticals have issued a warning following reports of four cases of aplastic anaemia, one fatal, in association with Roxiam (remoxipride).

The cases are being investigated but a causal association with Roxiam has not been proven, says the company.

The Data Sheet has been amended so that Roxiam is not used in patients with a history of haematological malignancy or blood dyscrasias such as leucopenia, thrombocytopenia or severe anaemia.

When starting treatment, a full blood count should be requested and patients should be instructed to report any bruising, bleeding fever, sore throats or other signs of infection while on treatment. Roxiam should be stopped if an abnormal blood count is found.

Gluten-free pasta

Redwood gluten-free corn pastas are available on prescription. The 250g packs have a basic NHS price of £1.69. **The Redwood Company. Tel: 0707 390251.**

APS/Berk atenolol

APS and Berk have launched Atenolol 25mg tablets \times 30 (£5.08). **Approved Prescription Services Ltd. Tel: 0532 380099.**

Pancorex V in 300s

Paines & Byrne have introduced 300 pack sizes across their Pancorex V range. **Paines & Byrne Ltd. Tel: 0932 355405.**

Vertigon switch

Smithkline Beecham Pharmaceuticals have ceased production of Vertigon spansules. They suggest Stemetil as an alternative. **Smithkline Beecham. Tel: 0707 325111.**

Cheapest catheter

Simpla Plastics say their Trident catheter is now the cheapest long-term catheter on the Drug Tariff (unit price £4.50). **Simpla Plastics Ltd. Tel: 0222 747000.**

Cyprostat 100mg

Cyprostat 100mg tablets are now available (84, £96.70) for prostatic cancer treatment. **Schering Health Care Ltd. Tel: 0444 232323.**

Glucometer drop

Bayer Diagnostics' Glucometer GX blood glucose meter now costs £25 (excluding VAT) with a new trade price of £17.50 (excl VAT). **Bayer Diagnostics UK Ltd. Tel: 0256 29181.**

Medical Matters

Obstructive sleep apnoea alert

People who snore at night and feel constantly sleepy during the day may be suffering from obstructive sleep apnoea (OSA), a condition which could lead to a higher incidence of illness, accidents, stroke and heart attack, according to a report published by the Royal College of Physicians.

OSA is the cessation of breathing during sleep due to an obstruction in the airway. Oxygen levels in the body drop and the person is forced to wake momentarily to resume breathing.

This can happen hundreds of times each night and, as a result, the person feels unrefreshed and still sleepy the next day, causing poor performance at work and social difficulties. It is associated with snoring and obesity, but is

not solely caused by these factors.

OSA sufferers have a history of loud snoring and sleep restlessly as they fight for breath. A patient falling asleep at least once a day despite normal duration of sleep warrants referral to the GP.

The condition is more common in men than women or children, affecting between 1 and 4 per cent of middle aged men. In children a common cause of OSA is enlarged tonsils or adenoids blocking the airways.

OSA can be treated using nasal continuous positive airway pressure (CPAP) therapy during sleep. Overweight patients should be advised to lose weight which can improve sleep but CPAP therapy should be initiated at the same time.

CPAP involves attaching a self-sealing mask to the nose which is

pressurised slightly higher than normal atmospheric pressure. The positive pressure forces the airway open and so the patient can breathe normally during sleep.

During treatment of OSA, alcohol in the evening and sedatives should be avoided as they can aggravate the condition. There is no place for the use of central stimulants in the treatment of obesity or sleepiness associated with OSA, says the report. Drugs previously advocated such as protriptyline, acetazolamide and progesterone generally produce more side-effects than benefits, it adds.

Patients suffering from OSA have a higher chance of suffering heart attack or stroke. This has been attributed to large rises in blood pressure during sleep.

Nicorette makes a mint.

*NEW
product.*



*NEW
sales.*



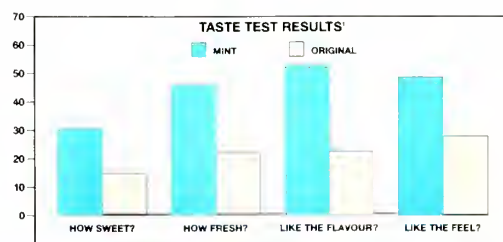
It's new, it's called Nicorette Mint Gum, and it's the freshest news for smokers yet.

It's a 2mg formulation like Nicorette Gum, but added to that it has a fresh new mint flavour that taste tests have shown will be a hit.

More than six times as many people preferring the taste of mint to

original, gives you more opportunities than ever to help smokers in the fast-growing NRT market—and at the same time help your sales.

Which is more reason than ever to recommend one of the growing range of products from Nicorette – the masters of nicotine reduction therapies.



1 Data on file, Kabi Pharmacia, Taste Test Trial (93/686)

NICORETTE[®]
**MASTERS OF NICOTINE REDUCTION
THERAPIES**

Kabi Pharmacia Ltd., Davy Avenue, Knowlhill, Milton Keynes MK5 8PH.

Now that C available over every body from power



Oruvail Gel contains ketoprofen - a proven, powerful analgesic and anti-inflammatory agent which has been found to be more potent than ibuprofen¹ in inhibiting the synthesis of prostaglandins.

It also inhibits bradykinin², which has been shown to act together with prostaglandins to cause pain.

And what is more, Oruvail Gel has been found to be clinically superior to piroxicam gel in soft tissue injury.³

Following topical administration of Oruvail Gel, ketoprofen enters the synovial fluid, capsular tissue, and intra-articular adipose

PRODUCT INFORMATION. **Presentation:** Colourless gel with lavender fragrance containing ketoprofen BP 2.5% w/w. **Indications:** of pain and inflammation associated with backache, muscular and rheumatic pain, sprains, strains and sports injuries. **Dosage:** A thin layer of gel to the affected area three times a day for up to 7 days. After the gel is applied it should be rubbed in well. **Elderly:** above. **Children:** Not to be applied to children under 12 years of age. **Contraindications:** Patients with hypersensitivity to ketoprofen, ibuprofen, aspirin or other non-steroidal anti-inflammatory agents, patients suffering from or with a history of bronchial asthma or disease, exudative dermatoses, eczema, sores and infected skin lesions or broken skin. **Precautions:** Oruvail Gel should not be applied to mucous membranes or eyes, or used with occlusive dressings. Caution in patients with severe renal impairment. Should a skin

Oruvail Gel is available over the counter, and you can benefit from its powerful pain relief.

issue! That means Oruvail Gel penetrates right through to the site of inflammation and pain. It also promises to penetrate a huge new market, supported by a multi-million pound television consumer advertising campaign and impactful point-of-sale material.

Oruvail Gel is now available for you, the pharmacist, to sell over the counter in 30g tubes.

The benefit to you and to your customers is transparently obvious.



After gel application, cease treatment. Treatment should not continue for longer than 7 days. If symptoms persist consult doctor. Keep gel away from naked flames. Use in Pregnancy and Lactation: Only when prescribed by a physician - see data sheet. Adverse Effects: Skin reactions, including pruritus and localised erythema. Legal Status: 30g Packs. P. Retail Selling Price: £3.95 (inc VAT). Product Licence Number: 12 0243. Product Licence Holder: May and Baker Ltd, Dagenham, RM10 7XS. Distributor and further information available from: Rhône-Poulenc Rorer, St Leonards Road, Eastbourne, BN21 3YG. Date of Preparation: July 1993. References: 1. Guyonnet, J C *et al* Rheumatol Rehabil Suppl 11-14, 1976. 2. Drug Information for the Healthcare Professional, 11th edn, USPD, USP Convention Inc., 1991. 3. Data on file. 4. Ballerini, R *et al* Int J Pharm Res, VI, 69-72, 1986.



Counterpoints

Herbal solutions for dry skin problems

A range of herbal products for the relief of dry skin conditions such as eczema and psoriasis has been introduced by Bennetts Herbal Products.

The range includes a cream containing borage oil, almond oil and arachis oil (50ml, £3.99). An essential oil contains borage oil, almond oil and wheatgerm oil (25ml, £4.99). Both cream and oil help increase elasticity of the skin, says managing director Grant Chisholm.

The oil is recommended for use on the scalp, but cannot be used on babies. The range is hypo-allergenic and does not contain lanolin.

Two supplements are available in capsules (£2.69 for 32). One is borage oil



and almond oil, which gives 24 per cent GLA; the other is evening primrose oil and borage oil, giving 16 per cent GLA.

Also in the range is Comfrey cream designed

for first aid uses such as minor scalds, burns and cuts (50ml, £3.99). PoS material includes an information leaflet.

Bennetts Herbal Products.
Tel: 0387 62041.



Mealtimers grow up

Crookes are expanding and repackaging the Farley's mealtimers range this month.

The new variants are Cauliflower Cheese, Mixed Vegetable Casserole (suitable for vegetarians) and Creamy Oat Porridge.

Gluten-free recipes are suitable for babies from three months, gluten containing recipes from four months onwards.

The re-design now shows the Farley's Teddy Bear along with brighter key colours (Breakfast — orange, Lunch — green, and Tea — red) and clearer product information.

The range is supported by a £6 million campaign, including television advertising. **Crookes Healthcare Ltd.** Tel: 0602 507431.

Nicorette Mint Gum

Kabi Pharmacia have launched Nicorette Gum in a mint variant, said to minimise the bitter taste of nicotine.

Research shows more than six times as many people prefer the taste of mint to original. Nicorette

Mint is available in packs of 30 or 105 pieces, priced at parity with the original flavour. The new variant packs are silver and green. It will be followed in a few months by Nicorette Mint Plus 4mg. **Kabi Pharmacia Ltd.** Tel: 0908 661101.

Nivea now in tubes

Nivea Creme has been relaunched in new packaging and is now available in tube format.

The new look jars come in 25, 50, 200 and 500ml sizes and there is a new 100ml tube. The relaunch will be supported by a campaign in women's magazines during the coming months, using the theme "All the care you need". **Smith & Nephew.** Tel: 021-327 4750.



Healthlife
Protectocell
Antioxidant



Cell
Protection
formula
ONE • A • DAY
30 capsules

Protect your cells

Protectacell is a new anti-oxidant one-a-day capsule from Healthlife.

The product contains vitamins C 100mg and E 100mg, together with beta carotene 15mg, trace elements of copper 1mg, zinc 4mg, manganese 1mg and selenium 50mcg in a base of carrot oil. Recommended dosage is one capsule a day.

Protectacell capsules are blister-packed and retail at £4.59 for one month's supply. **Healthlife Ltd.** Tel: 0274 595021.



En-Solv is a solution for removing sticky plaster marks from the skin. Derived from the peel of citrus fruit, it comes in a 100ml bottle (£3.08). As an introductory offer, manufacturers Essential Nutrition are offering retailers a free display outer and a 16 per cent discount on orders of six bottles. **Farillon.** Tel: 0708 379000

Wellcome encourage safe medicine storage

Consumers can apply for an Actifed medicine chest for the home and pharmacy assistants can enter a quiz to win £1,000 of holiday vouchers in a Wellcome promotion.

Customers fill in one of the Actifed leaflets on display and enclose £2 to cover p&p. The box is made from toughened plastic and will hold even

tall medicine bottles, say Wellcome. PoS material is available for retailers.

To enter the competition, assistants fill in a multi-choice scratch card and send it off.

Wellcome are advertising their Actifed and Sudafed brands on television from November. **Wellcome Foundation.** Tel: 0270 583151.



NO PAIN NO SMELL NO MESS NO PILLS



NO CONTEST

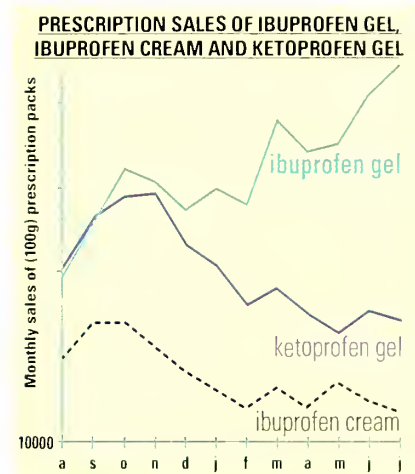
Since its launch in 1991, Ibuleve has become one of the most successful OTC brands ever.

The main reason for this success is that Ibuleve is a truly excellent product.

Ibuleve (ibuprofen gel) delivers effective relief from pain in an unique formulation that sufferers find highly acceptable and convenient to use.

And it's not only the sufferers who approve—doctors do too...

The graph below shows sales of prescription (100g) packs of ibuprofen gel, ibuprofen cream, and ketoprofen gel over the last year.



The figures speak for themselves; so do the results from a double blind clinical trial which concluded:

"(Topical) ibuprofen proved significantly more effective and faster than ketoprofen in resolving spontaneous pain"

But despite this success, there are still thousands of sufferers who don't know about Ibuleve.

That's why we are spending over £1 million on TV and Magazine Advertising directing sufferers to ask you, the pharmacist, about Ibuleve.

We think we know what you will be telling them...

PAIN RELIEF WITHOUT PILLS

Secret of lovely lips revealed

The secret of lovely lips is the theme of a campaign to support relaunched Blistex Lip Care from November 1.

The five-month campaign will include radio advertising, posters on the London Underground and sample packs with *Nine-to-Five* magazine in the capital.

Blistex products have been repackaged in new-look cartons and new display material is available. **Dendron. Tel: 0923 229251.**



Free diary from Unichem

Unichem will be offering consumers 5,000 free *Healthy Times* diaries in the Autumn edition of the magazine.

To win, consumers have to enter the bar codes of four products from the ranges featured on the entry form inside the magazine. The first 5,000 will receive a free diary.

Goldpartners buying 30 cases of the participating brands will receive an additional 50 diaries to give to consumers purchasing four or more products.

When pharmacists order eight packs from the Gillette Series range, they can choose either a bottle of champagne or a Lindt chocolate box.

Retailers buying a case of either Unichem 350ml baby bath, baby shampoo or baby lotion will receive a 33 per cent discount until November 30. This can be passed on to consumers as a "buy two get one free" offer, which will be advertised in the *Daily Express*. **Unichem. Tel: 081-391 2323.**

Win a New York trip

Help your customers get rid of their coughs and colds this Winter, and you could win yourself a spending spree to remember.

AAH are offering pharmacists who order six or more out of 21 cough and cold products the chance to enter a caption competition to win one of 32 prizes.

First prize, for two people, is three nights in New York's Waldorf Astoria Hotel, and includes a city

tour, a helicopter ride, a Broadway show and £500 spending money.

Second prize is two nights' stay in the Grosvenor House Hotel on Park Lane, London, with a West End show, dinner and £200 spending money.

Ten third prize winners will receive a £100 Marks & Spencer voucher, while 20 fourth prize winners will receive a £50 Marks & Spencer voucher. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Numark savings

Numark are supporting own-label products with a number of special offers.

Regular and Super 10s towels are on offer at 11 for the price of ten, while 20s are offered at 22 for the price of 20.

Consumers will be offered a free toner when they buy Numark's facial wash gel and facial scrub.

Numark's new own-label denture cleaning tablets will be available at a 7.5 per cent discount. **Numark Management. Tel: 0827 69269.**

Mates clear up ambiguity

When describing condoms, terms such as "ultrasafe" and "extrasafe" can be confusing because they imply that they are above average thickness. With this in mind, Mates condoms have been relaunched with more appropriate names.

The Ultrasafe variant has been renamed Contoured, which are shaped to reduce the risk of slipping. Superstrong are the toughest variant, with slightly thicker latex than average. Natural, the most popular variant, is flared at the tip. Playmates are straight ribbed condoms in a variety of colours. **Johnson & Johnson. Tel: 0628 822222.**

Aromatic bath oil

Truefitt & Hill have introduced an aromatic bath oil (200ml, £13.95). It contains oils of pine, lavender, lemon, rosemary, eucalyptus and mineral oil. The product has not been tested on animals. **Truefitt & Hill. Tel: 071-493 2961.**

Mince pies

Juvela gluten-free mince pies are available from November 1, packed in boxes of six. **Scientific Hospital Supplies. Tel: 051-228 1992.**

Fuji compact

Fuji have added a new compact camera, the DL-35 (£49.99). Features include auto DX coding and red eye reduction. **Fuji Photo Film. Tel: 071-586 5900.**

Energizer on TV

Ever Ready's Energizer batteries will be supported by a £4.5 million television campaign until the New Year. **Ever Ready. Tel: 081-882 8661.**

Herbal support

Potter's are supporting their top seven herbal brands with a £300,000 campaign in women's magazines and newspapers. **Potter's Ltd. Tel: 0942 34761.**

Easy fit plug

The Rotaplug is a plug which can be put together

quickly and without a screwdriver, say makers **Rotacon**. It retails at £2.99. **Swains. Tel: 0485 533393.**

Colour TV

Garnier are supporting their hair colourant Expression with a television campaign. The first burst is on Channel 4. **Garnier. Tel: 071-937 5454.**

Kids Wash & Go

Vidal Sassoon Wash & Go Ultra Mild will be advertised in a new television campaign over the next two months. The advert focuses on the variant's "Great for kids" positioning. **Procter & Gamble. Tel: 0784 434422.**

Vosene on TV

Vosene is being supported with a new £1.5 million television campaign starting this week. **Wella GB. Tel: 0256 20202.**

Hitachi shavers

Hitachi shavers (£10.99 to £64.99) are now being distributed by Swains. **Swains. Tel: 0485 533393.**

Feminax targets teenagers

A new Press advertising campaign for Feminax will target teenage girls.

The series of three advertisements feature drawings of teenage girls, with catchlines including "Why am I the only one suffering from period pains?"

Consumers are invited to write in for a copy of the *Growing Issues* booklet. **Roche Nicholas. Tel: 0707 366000.**

Sugar-free sweets

Santo Products have introduced Sweet 'n Low sugar-free candies.

Available in mint, butterscotch or mixed fruit flavours, the sweets retail at £0.95 for a 70g pack. They are suitable for diabetics, say Santo.

The company are promoting their Kingfisher toothpastes over the next year, with a £500,000 campaign in Press and on the London Underground. **Santo Products. Tel: 081-381 1334.**



With a view to growing the £8 million dental floss market, Oral-B have introduced Flossette, an easy-to-use disposable dental flosser. The dental floss is dispensed through a handle, making it simpler to use. It comes in a ten-pack (£1.39) and 20-pack (£2.29). The launch will be supported by television advertising in the New Year. **Oral-B. Tel: 0296 432601**



Philips are promoting their Satinelle epilator during the traditional electrical gift season. Consumers will be able to claim £10 back when they buy the product between November 4 and January 1. A showcard promoting the offers is available to retailers. **Philips DAP. Tel: 081-689 2166**

Hot offer with Complan

Crookes are offering consumers the chance to win £1,000 worth of fuel stamps when they buy Complan.

A shelf edger invites customers to take a leaflet and enter the competition. Forms should be returned together with a proof of purchase by March 31. There are four prizes of £250 each to be won. A cash prize draw for pharmacists is also offered.

A second version of the *Complan Carers* cassette is also due out. It looks at the cost of caring, the guilt associated with handing over the caring function and relaxation techniques. Free copies are available for pharmacists to pass to customers.

Crookes Healthcare. Tel: 0602 507431.

Sparkling offer from Van Cleef & Arpels

Consumers have the chance to win £10,000 worth of Van Cleef & Arpels jewellery in a nationwide competition.

Running from October 20 until December 6, the competition will be available through 500 stockists of Van Cleef & Arpels fragrances.

Consumers can enter the competition at point-of-sale or by sending in a postal application form, included in magazine advertisements.

Stockists will receive a showcard, entry box, testers and forms. Participating retailers will be entered in a competition to win one of five watches or 15 limited edition silk scarfs. **Sanofi Beaute. Tel: 0923 235022.**



Re-usable briefs from Roche

Kylie Style, from Roche, are cutaway, high-leg re-usable briefs for stress incontinence sufferers.

With a lace trim, the briefs contain a rounded insert made from absorbent Kylie material, with a separate waterproof layer.

They have an absorbency of 50-75ml and are available in white in a range of sizes, price £6.62 (exclusive of VAT).

Roche Products Ltd. Tel: 0707 366000.



For him indoors

Philips are building on the theme of their television campaign "For the man inside" by sponsoring a series of radio programmes on Virgin 1215AM. Each week a male pop star is given 15 minutes to reveal "the man inside". This is backed by Philishave advertising.

A showcard highlighting the campaign is available. Consumers can enter a competition to win a week of rock music in Los Angeles, plus one of 250 CDs. The showcard also mentions the offer of a bottle of Cacharel Pour l'Homme. **Philips. Tel: 0602 472265.**

Old Spice changes tack

Old Spice gets a modern look this Autumn, plus additional products.

The famous clipper design, first seen in 1957, is being replaced by an illustration of a racing yacht, giving a cleaner, more modern feel.

New to the range is Hydrobalm, a cooling aftershave lotion with moisturisers (100ml, £3.95). It is available in Regular and Sensitive variants. **Procter & Gamble. Tel: 0784 434422.**



Colgate-Palmolive are introducing a flip-top cap to their range of stand-up toothpastes. The new cap makes the toothpaste even easier to use, according to the company, and will help increase sales of the stand-up range. **Colgate-Palmolive Ltd. Tel: 0483 302222**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky Broadcasting	G Granada	HTV Wales & West
C Central	A Anglia	M Meridian
CTV Channel Islands	CAR Carlton	TT Tyne Tees
LWT London Weekend Television	GMTV Breakfast	W Westcountry

Bright new looks for teeth

Wisdom are relaunching their adult Reflex, Plaque Control and Regular toothbrushes in new packaging and colourways.

The Reflex now comes in bright green, yellow and red with contrasting bristles and bright blue packaging.

Plaque Control Ultra comes in translucent pink, purple, blue and green handles with blue and white bristles.

The Regular toothbrush also comes in a range of new colours and two-tone bristles. **Addis Ltd. Tel: 0440 714800.**

Disney rule helps school blues

Oral-B are supporting their Disney character toothbrush range with a new promotion.

To beat the back-to-school blues, each of the four toothbrushes will come bound together

with a free six inch ruler featuring Mickey Mouse at play with his pals.

The promotion will be from October to December while stocks last. **Oral-B Laboratories Ltd. Tel: 0296 432601.**

Askit:	GTV, S
Lil-lets:	C, A, BskyB
Nicorette:	All areas except HTV, CTV, GMTV
Nicotinell patch:	All areas
Nivea Visage:	GMTV, BskyB
Nurofen:	All areas
Peaudouce:	C4, GMTV
Rennie:	All areas except U, W, CAR, GMTV, BskyB
Slim-Fast:	All areas
Solpadeine:	GTV, TT
Wrigley's Extra & Orbit:	All areas

Council rejects anti-Boots and ownership motions

The Royal Pharmaceutical Society's Council has rejected a motion expressing concern at the proposed expansion in the number of stores owned by Boots the Chemists Ltd.

Council also rejected a motion opposing the provision of community pharmacy services by corporate bodies. While a number of members expressed sympathy with the motion as an ideal, the general view was that it could achieve nothing, and this was reflected in a high proportion of abstentions from voting.

Moving the motion about Boots, Dr Hopkin Maddock acknowledged that it was political and there was little that Council could do. But it was important for the membership to know that Council did consider the serious matters facing the profession.

Referring to the threat to smaller pharmacies from Boots' expansion, Dr Maddock said the company could not open 240 stores without having a major impact on nearby pharmacies.

David Sharpe said the Department of Health had confirmed that there were no plans to abolish control of entry

to pharmaceutical contracts. He saw nothing wrong in any company buying a pharmacy and he had yet to see any evidence of public companies having lower standards than independents.

He thought the debate was a pointless waste of time because there was nothing Council or any body in pharmacy could do.

Dr Maddock felt the Department's assurance was not worth the paper it was written on; pharmacy had seen many U-turns in recent years.

Hemant Patel said anxieties had arisen from a belief that Boots were trying to open pharmacies by pressurising customers to sign petitions and possibly transferring prescription business from one pharmacy to another.

Marshall Davies, Boots' superintendent pharmacist, said his company was facing the same difficulties as everyone else. Instead of speculating about Boots, the profession would be better served by looking at the major threats facing all pharmacists. The motion was unworthy of discussion because it would only divide the profession.

The motion was lost with seven votes for and 12 against. Four members abstained and the president did not cast his vote.

Ian Caldwell proposed that community pharmaceutical services should be provided only by pharmacists, either individually or in partnership with other pharmacists. Similar motions had been carried in 1983 by the branch representatives' meeting and a special general meeting.

Council had subsequently issued a statement agreeing with the philosophy of the motions but felt that the matter could not be taken any further at that time. It was, however, an ideal to which "progress should be made with caution and discretion".

Mr Caldwell said that in the ten years since that phrase was written, progress had been so cautious that the Society had done nothing to advantage the profession and had been so discreet no-one had noticed. The profession did not have another ten years and Council had to act now, selling to the Government the concept that pharmacy run by pharmacists was in the public interest.

John Carr was amazed that Council was seriously considering excluding the interests of thousands of employee pharmacists.

Other speakers pointed out that it would be difficult to prove that the motion was in the Government's or public's interest. Alan Nathan said that, from his wide experience of community pharmacy, it was the large companies who were responsible for maintaining the standards of the profession and pulling the profession forward.

The motion was lost, with four votes for, seven against and 12 abstentions.

Rescue package Mr Nathan presented proposals for a "rescue package" for pharmacists in financial difficulty. Assistance would first take the form of a resource pack containing advice and information enabling pharmacists to help themselves. Material was still being gathered for the pack and funding sought to run the scheme and provide a counselling service.

Community pharmacy group Detailed proposals for the structure and organisation of the new community pharmacy membership group were referred back to the Practice Committee.

Election canvassing Council reviewed the procedure for Council elections and decided to make no change other than separating the candidates' curriculum vitae into present and



past activities. There would be no relaxation of the restriction on canvassing or other promotional activities by candidates.

Modified release preparations Council agreed to adopt a policy that, where recommended by the BNF, solid oral modified release preparations should be prescribed only by brand name. Pharmacists who received prescriptions written generically should contact the prescriber, draw attention to the policy and agree the brand to be dispensed.

Medicines labelling Council agreed to remind pharmacists that they should not accept stocks of medicines from any source unless they complied with medicines labelling regulations.

Repeat dispensing A letter from the Department of Health said that Health Minister Dr Brian Mawhinney had not authorised expenditure on pilot projects to evaluate a repeat dispensing system within the NHS. The Minister said that before embarking on the Department's proposed pilot scheme, he would like to have a better feel for the scope of the savings. He had asked the Department to put together a proposal for a research project to examine a sample of unwanted medicines from the national DUMP campaign and relate them to the length of the prescription.

Bar coding Council agreed to recommend that the widely used 13-digit EAN code should be the minimum generally accepted standard for product coding in Europe and should be promoted throughout the healthcare sector. Where a more flexible system was needed, Council would recommend EAN-128 which allowed up to 49 digits.

Professional audit David Pruce, the Society's audit development fellow for England, reported that the Department had provided £100,000 to fund audit projects. An invitation to tender had received 53 bids, mostly of high standard. Seven grants had been awarded for projects based in community pharmacy, for completion about July 1994.

Wholesaling code Council decided to express concern that in a draft code of wholesaling practice the requirement for wholesale dealers to employ a responsible person did not specify that the person had to be a pharmacist.

ARE YOU GETTING ENOUGH IRON + VITAMINS?

Many of us – especially women – run the risk of living beyond our limits when we compare our Iron expenditure with our actual Iron intake!

FLORADIX FORMULA and NEW FLORAVITAL (YEAST-FREE AND GLUTEN-FREE) are vegetarian food supplements which provide an easily absorbable iron compound as well as vitamins, extracts of carefully selected herbs and fruit concentrates.

FLORADIX AND FLORAVITAL –

Iron and Vitamin Insurance for Women, Expectant Mothers, Children, Elderly People, Athletes and Slimmers.

Available at your favourite Health Food Store and selected Chemists.



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Telephone: (0925) 825 679



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

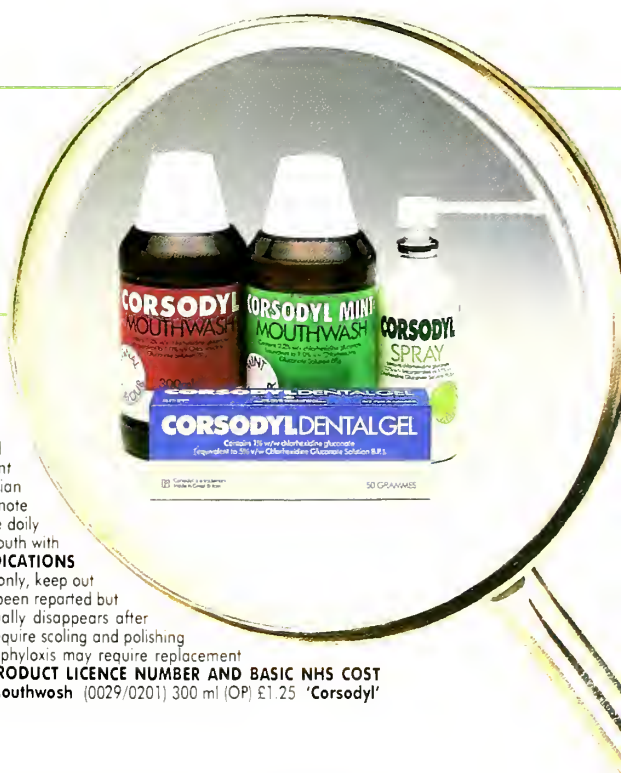
They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands.

Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate



No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque, treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/v chlorhexidine gluconate. **DOSE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing or complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** Corsodyl Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Dental Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. Legal Category P. Date of last revision March 1993. Source: Milpro Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/v chlorhexidine gluconate.

SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel 081 560 5151

- a leading authority on oral hygiene.

Community pharmacists should measure their worth and sell their services to GP fundholders, who will be the major purchasers of health services within the next few years. That was the message given to the National Association of Co-operative Executive Pharmacists by Professor Rhona Panton at their annual conference

Sell your services to GPs

Professor Panton, head of the Pharmacy Policy and Practice Committee at Keele University, said that GP fundholders are seen as being the patient's "best friend" and within two years most of the population will be looked after by these GPs.

This will give fundholders a new power to buy care in the community. Professor Panton believes pharmacists could be active in a number of areas which will benefit both professions:

- Prescribing advice needs to be widened so that pharmacists offer more than advice on drug therapy. To do this they need to have an understanding of health

economics so they can best meet the needs of GPs.

- GPs seek assurance that pharmacists will recommend over-the-counter medicines in the same manner they themselves would, in particular those medicines moving from POM to P status.

- Domiciliary service of at-risk patients.

- Diagnostic services, although there is doubt that fundholders will utilise them.

- The integration of patient medication records in surgeries and pharmacies. Professor Panton's perception is that fundholders will move pharmacies

into the health centre in the future.

At Keele, research is evaluating what services fundholders will be willing to buy. They include a clinical pharmacy service where fundholders obtain advice on the monitoring and advising of new products, evaluation of drug supplies to hospices, development of clinical guidelines and also the provision of services to non-fundholding GPs.

Services from community pharmacies are assessed to give a benchmark for development.

"What gets measured gets done," concluded Professor Panton.



Professor Rhona Panton: benefit

Disciplinary procedures inadequate

The disciplinary system within the Royal Pharmaceutical Society is not where we would wish it to be, said Marion Rawlings, chairwoman of the Society's Law and Ethics Policy Committee.

As it stands, misdeeds are dealt with by means of a warning letter which, if not acted upon, results in referral to the Statutory

Committee. This merely determines whether a person is a fit and proper person to remain on the Register. The only recourse of action is a reprimand or striking off and as such is not a disciplinary process.

Mrs Rawlings spoke of the proposed Standards Tribunal which, she said, "is an intervening mechanism between a warning letter and the Statutory Committee".

Pharmacies will be visited to ensure that all are of a uniformly high standard. Those that fail will be referred to the Tribunal which will govern in its own right, based on the Code of Ethics.

The Tribunal will be truly disciplinary in character, with the ability to impose fines.

Mrs Rawlings looked ahead at the challenge and opportunity of POM to P shifts which will move the control of medication to pharmacists, and stated: "I would like to see the total control of all medication moving to pharmacists."

"In the future that is what pharmacy will be all about."



Marion Rawlings: intervene

New roles will need new money

"No new roles without new money" should be the starting point in local negotiations with family health services authorities said Pharmaceutical Services Negotiating Committee secretary Steve Axon.

The PSNC has already voiced its disapproval of FHSAs ending up with the control of 20 per cent of the global sum, he said.

Although there is the possibility that FHSAs will have control over a smaller sum, the concern is that not all the money will reach pharmacies. Some may be diverted to cover administration costs and those monies not used may be lost for ever to the profession.

Pharmaceutical care schemes may differ countrywide unless there are national protocols set up, pointed out Mr Axon.

His other main fears were:

- The 1 per cent expensive prescription allowance gives little

incentive for pharmacists to dispense such items. The Government's offer of reducing the ceiling for expensive items to £50 from £100 if pharmacists agreed to their remuneration proposal, was "moving towards intimidation".

- The effect of dispensing doctors in rural areas will have a greater effect on prescriptions under the new system.

- The importance of stressing the period of treatment arrangement. The Department of Health states that this will be all right when a repeat prescription scheme is in place. Mr Axon points out that for this to work would require all GPs to participate, which is unlikely.

- While all agree that the professional allowance is a welcome introduction, there is the danger that pharmacists may be swayed from their core role of dispensing and supervision.

Audit will assess 'added value'

Jon Merrills, deputy chief pharmacist at the Department of Health, said he was not sure that pharmacy as a profession has made clear the added value it presents to the Government, which is concerned that services give the best value for money.

Audit is the best means of assessing value, said Mr Merrills. The structure of pharmacy, such as availability of a waiting area, and the process of dispensing, including what checking systems are in place, are easily measured.

The final component, the outcome, is a less tangible area of assessment.

Audit provides a protocol to look at the intervention of pharmacists in the healthcare system which can be cost-effective while optimising patient outcome, explained Mr Merrills.

He said that the concept of pharmaceutical care will "dominate pharmacy in the next few years". To take on this concept, there needs to be a change in how pharmacy is



Jon Merrills: positive

structured and audit outcome will be important.

"I have a strong suspicion that remuneration will be logged with outcome," he said.

The DoH hopes the new remuneration system will encourage a range of pharmaceutical advice services to give the maximum benefit to patients.

"People argue that they are being asked to do more for less, but we call it a restructuring, concentrating on positive patient outcomes," said Mr Merrills.

Thinking about formulary development?

Many commentators have encouraged GPs practices to develop their own local practice formulary, and some have encouraged the involvement of the local community pharmacists. But few have considered the practical problems that can face the community pharmacist when wishing to help develop a practice formulary and other professional activities with a local surgery. In the first of three articles, Andrew Burr and Richard Lewis of the Mid Glamorgan Family Health Services Authority offer advice

Too many people view formularies as simply a list of drugs which prescribers attempt to use frequently in order to contain drug costs.

This traditional cost-saving approach to formulary development, which originates from the hospital practice, has little place within the primary care sector where pharmacists need to reaffirm their role as healthcare professionals.

The list of drugs selected is immaterial; it is the fundamental process of therapeutic review, with all the educational benefits, that is important. Pharmacists with a working knowledge of drugs and therapeutics can make a significant contribution to such a process.

Why develop a formulary?

The general practice formulary is developed by an individual GP practice in consultation with others who offer special expertise. It should never be imposed externally by specialists or even by peers.

Experience has shown that formularies are unsuccessful when they are devised without the participation and support of the GPs. The prescriber must be encouraged to develop "ownership" of the formulary.

The prime aim of a practice formulary must be to rationalise prescribing, taking account of the needs of the local community. The practice formulary embodies personal tastes in prescribing within a framework based on rational pragmatic drug selection.

Experience suggests that practice formularies should not be cost-driven and more importantly, pharmacists should not seek to simply reduce prescribing costs. Introduction of a practice formulary is usually accompanied by a reduction in expenditure in



some therapeutic groups and a shift in costs to others.

If pharmacists are to reap the long-term benefits of closer working relationships with GPs it is paramount that the pharmacist is seen as a source of therapeutic advice and as having the ability to tailor such advice to individual patients.

There is absolutely no point in trying to improve relations on the pretence of cost-reduction because it will only lead to pharmacists being regarded as financial advisers rather than healthcare professionals.

Basic skills

• Additional education

Some additional educational programme may be necessary before approaching any GP practice. It would seem sensible to ensure that you understand and can interpret Prescription Analysis and Cost (PACT) data since this is the prescribing information that the practice will receive.

Despite PACT being around since 1989, many GPs still fail to appreciate and understand the information it contains. Sadly the same is true of our own profession, for whom numerous

postgraduate courses have been run on the topic each year. In addition, the pharmacist needs to ensure that he is up to date with current therapeutics which may require some background reading.

• Allocating time

Finding the time, particularly if you are not getting any payment, is the biggest problem facing the local community pharmacist. Some GP practices, particularly fundholders, do pay community pharmacists for providing prescribing advice. But increasingly this will become a competitive market as family health services authority pharmaceutical advisers, and even hospital pharmacists from the local Trust hospital, enter the fray free of charge.

So it is important that the lack of payment is not used as an excuse not to get involved in formulary development. The potential benefits from increased generic prescribing, lower stock levels and closer working relationships should be considered.

• Communication skills

Good interpersonal communication skills help smooth the way forward for closer working relationships between the profession, yet the ability to empathise and understand the daily dilemmas GPs face is vital. All too often there appears to be a lack of appreciation of each profession contribution to healthcare, resulting in barriers based on misconceptions and perceived threats being formed.

• Planning

"The beauty of not planning is that failure comes as a complete surprise without the weeks of worry and anxiety." The planning process and preparation time is fundamental to formulary development work, and any short cuts will only diminish the impact you have later.

Continued on page ii

Approaching your GP practice

One of the first problems that community pharmacists must overcome if they are to play an active rather than passive role in formulary development is the apprehension that most GPs have about the involvement of a "businessman".

Unfortunately, the image of community pharmacist as a shopkeeper selling a variety of goods from postcards to cuddly toys predominates in the minds of too many GPs, and does little to enhance the pharmacist's role as a necessary member of the primary healthcare team.

The business aspects often make GPs cynical of the reasons for community pharmacy involvement. It is vital that you are clear in your own mind about the reasons for wishing to get involved and why a formulary should be established. This will mean that some pharmacists will first have to reassess the image they present to others.

The approach is dependent on the individual practice concerned, and should certainly only be undertaken after careful planning. Emphasis on different aspects of such work are necessary for the single-handed practice, where patient satisfaction and demand are very important if the practice list size is low whereas wholesale discounts may be more important for a dispensing practice.

It is important that you know what the GPs are expecting, and one should not be disheartened if they appear cynical at first. One should always remember that such interdisciplinary work is a new concept for the GP just as much as the pharmacist.

Face to face contact is vital for the process to be effective. The poor communication channels between the community pharmacist and GP often account for the barriers that seem to develop all too easily. They will not want a formal lecture but, at the same

time, GPs expect the pharmacist to be able to make a worthwhile contribution to the discussion.

The easiest trap to fall into is to concentrate on reducing drug expenditure. By placing the emphasis on cost alone and limiting the discussion to issues like generic prescribing, you are already closing the door on future opportunities. Cost may be the issue for today, but the quality of prescribing will be tomorrow.

If a pharmacist limits his advice to promoting cost savings, what role will he have when these savings are achieved? But if the pharmacist talks about quality issues from the start, he will always have a role to play.

Sources of information

Before any formulary meeting it is essential to be familiar with the current medical literature.

- A visit to the local medical library is guaranteed to pay dividends, providing you with some of the necessary information to assist formulary development.
- Review articles such as the *Drug and Therapeutics Bulletin* often provide a good source of background information and may help identify the salient issues.
- Other sources include the Medicine Resource Centre's (MeReC) bulletins, Pharmacy Postgraduate Education material and recent continuing education articles in the pharmaceutical press.

Who to contact

- The local hospital pharmacy can provide a useful local resource after you have attained some preliminary background information.

Detailed information on a specific issue — such as whether tetracycline or amoxycillin should be used in triple therapy for the eradication of *Helicobacter pylori* in patients with duodenal ulcer — is best attained by asking the local hospital drug information centre. These centres should also be able to tell you about

local hospital prescribing policies, and provide an insight into why only certain drugs are included in the local hospital formulary.

It is important to remember that just because the local hospital includes a particular product in its formulary does not necessarily mean it is rational, and so the reasoning for its inclusion should be questioned.

Local anti-bacterial sensitivity data can prove invaluable when discussing antibiotic prescribing with the caveat that it is interpreted correctly.

- Another source of information is the local FHSA pharmaceutical adviser who will be able to provide some general advice on dealing with GPs as well as an overview of how prescribing patterns vary throughout the FHSA. For detailed prescribing information, the adviser will need the permission of the GPs involved.

By involving the FHSA adviser, it may be possible to get access to additional resources which will help improve the presentation of data.

Presenting data

GPs find it difficult to argue against issues that are based on sound medical literature and are patient-centred. In contrast, they readily identify issues that seek simply to reduce drug expenditure, are likely to cause inconvenience and only deliver minimal benefit in terms of patient care.

They will be quick to recognise the benefits of an interdisciplinary approach to drug therapy if the pharmacist advice is based on the current medical literature and tailored on an individual patient basis. For example, two hypertensive patients, same age and sex, may need different treatments based on differences in ethnicity, family history, current medication and numerous factors.

GPs will often say that prescribing is not simply a science but an art based on the application of the medical literature and knowledge of the patient. So it is paramount that the pharmacist providing prescribing advice has a fundamental grasp of the current medical literature, and the physiological and pharmacological facets that can affect the outcome with a particular treatment.

Pharmacists who do not possess such a knowledge base have little to contribute to the overall patient management process.

- Andrew Burr is an independent pharmaceutical adviser working for the Mid-Glamorgan FHSA and Richard Lewis is medical director of the authority.

- In the second article of the series, the authors will illustrate these various approaches by using actual prescribing data for a practice within Mid-Glamorgan.

new markets can select a variety of approaches when developing a formulary.

- financial advice
- cost-effective advice
- therapeutic advice.

Financial advice

Some pharmacists may wish to advise on generic prescribing as a means of cost containment. Certainly such advice can reduce drug expenditure, and provides the pharmacist with an opportunity to discuss the various pharmaceutical issues such as comparative bioavailability and overall quality of generic products.

Generic prescribing offers the advantage that the prescriber is encouraged to write the actual name of the drug he wishes to prescribe. Pharmacists should remember that generic prescribing *per se* is not necessarily rational prescribing since it only considers cost. Such advice takes a short-term view since, once expenditure is reduced, the pharmacist may find his role becomes redundant.

Cost-effective advice

This approach builds on the issues of generic prescribing but considers actual outcomes. The problem with such an approach is which costs should be considered. One might consider the net ingredient cost, yet the cheapest drug may not be the most effective.

For example, if drug A cost £20 for a week's treatment and has a success rate of 50 per cent, is it better to use the more expensive drug B which costs £30 for a treatment course but has an 80 per cent success rate? Antibiotic A costs £40 per successful outcome whereas drug B only costs £37.50.

Such a methodical approach is rather simplistic since it is often very difficult to establish what "hidden" costs are involved. Often numerous assumptions are made and a grounding in health economics can prove invaluable.

Therapeutic advice

This approach should be preferred since it seeks to provide detailed therapeutic advice on an individual patient basis. Such an approach is likely to provide further opportunities for pharmacists to develop their roles within the health team.

Pharmacists can help to develop management guidelines and with the medication review process on an individualised patient basis. GPs will start to ask what the optimal treatment is for specific patients once the pharmacist has demonstrated an ability to provide individualised therapeutic advice.

Practical Guide to Formulary Development

1. Attend a course on interpreting PACT data and make sure you understand the basic principles.
2. Make an appointment to meet your local general practitioners face to face and offer your services. Contacting the senior partner is often the best approach although the FHSA pharmaceutical adviser may be able to suggest suitable alternatives.
3. Arrange a meeting that involves as many of the practice staff and general practitioners as possible since ownership by the entire practice will help with implementation of the formulary later.
4. Do not run before you can walk. Allow the practice to choose the topic for discussion.
5. Contact the local drug information centre and FHSA adviser to find out about any local prescribing information.
6. Be prepared to take a holistic approach to patient management and discuss the rational for a drug treatment in terms of its relative efficacy, safety and appropriateness.
7. Allow the GP practice to raise the issue of cost.
8. Arrange a further meeting to discuss future initiatives.

ran Injection & Tablet
 (sumatriptan)
 Prescribing Information
 See refer to data sheet before
 prescribing.)
 Sumatriptan Injection — 6mg
 sumatriptan (succinate) in pre-
 syringes for use with auto-
 injector. Tablet — 100mg
 sumatriptan (succinate) film-
 coated tablet.

Indications: Acute relief of migraine
 attacks (tablet/injection) and
 tension headache (injection).
 Dosage and administration:
 100mg tablet orally or 6mg
 injection subcutaneously. If no
 response a second dose should
 not be taken for the same attack.
 Symptoms return after initial
 response further doses may be
 taken. Maximum dose in 24
 hours: three 100mg tablets
 (300mg) or two 6mg injections
 (12mg). Minimum dosage interval
 (injection) one hour. Patients over
 65 years: Not recommended as
 evidence limited.

Contraindications: Safety and efficacy not
 established.
 Contraindications: Hyperten-
 sion, ischaemic heart disease,
 previous myocardial infarction,
 unstable angina/coronary
 artery spasm, uncontrolled
 hypertension. Do not use
 concurrently with ergotamine
 preparations, MAOIs, selective
 serotonin re-uptake inhibitors, lithium.
 Warnings: Injection should not be
 given intravenously. Do not
 exceed the recommended dose.
 Dizziness may occur. Chest
 pain may mimic angina but
 has been found to be the result of
 coronary vasospasm. Vasospasm
 may result in arrhythmia,
 hypotension or myocardial infarction.
 If symptoms are severe,
 persistent or consistent with
 angina, further doses should not
 be given until appropriate
 investigations have excluded
 cardiac disease.

Precautions: Stop ergotamine at
 24 hours before Imigran. Do
 not use ergotamine for six hours
 after Imigran. Caution in patients
 with underlying cardiac disorders
 whether symptomatic or not, or
 suspected coronary artery
 disease, or with impaired hepatic/
 renal function. Pregnancy:
 Evidence limited. Not
 recommended. Use only if benefit
 outweighs possible risk. Lactation:
 Data in humans. Use with
 caution.

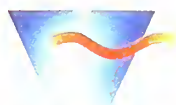
Side effects: Pain at injection site,
 tingling, heat, heaviness,
 numbness or tightness affecting any
 part including chest and throat,
 drowsiness, may be intense. Flushing,
 dizziness, paraesthesia, weakness,
 fatigue, mild to moderate.
 Headache and drowsiness may occur.
 Nausea/vomiting. Minor LFT
 abnormalities reported. Transient
 increases reported.

1
 NHS cost Injection
 100mg pack: 2 x 6mg pre-filled
 syringes and auto-injector £41.14.
 100mg pack: 2 x 6mg pre-filled
 syringes £39.14.
 100mg pack: 6 x 100mg tablets £48.
 Product licence numbers
 0004/0390. Tablet
 0389.
 Product licence holder Glaxo
 Laboratories UK Limited,
 Greenford, Middlesex UB6 0HE.

Glaxo

Further information is available
 on request from:
 Glaxo Laboratories Limited,
 Greenford, Middlesex UB11 1BT
 Imigran is a Glaxo trade mark

BECAUSE MIGRAINE IS LIKE HELL ON EARTH



5-HT₁ AGONIST

IMIGRAN[▼]

(sumatriptan)

A revolutionary acute therapy
in migraine

Guide to dispensing homoeopathic prescriptions

When you receive a homoeopathic prescription for the first time — don't panic. Once a few basic principles are understood, dispensing is not difficult, writes Virginia Watson.

Homoeopathic medication may be used to treat specific symptoms or used constitutionally when the symptom picture is considered together with the physical, mental and emotional characteristics of the patient.

Therefore, the same remedy may be used for several different conditions. It is inadvisable to discuss treatment with a patient unless familiar with all aspects of the remedy.

Most homoeopathic preparations are classified as P or GSL. Some mother tinctures and low-potency remedies, because of the concentration of pharmacologically active ingredients, are POM.

The prescription

• **The medication** Perhaps the most difficult part of dispensing a homoeopathic remedy is reading and recognising the name of the prescribed remedy.

Many homoeopathic preparations are derived from plants and the remedy is known by the Latin name of the plant of origin. Examples are: *Rhus Tox* from *Rhus toxicodendron*, *Belladonna* from *Atropa belladonna* and *Aconite* from *Aconitum napellus*.

Likewise, remedies of mineral origin mostly carry the Latin name: *Kali Phos* from *kali phosphoricum* (K_2HPO_4), *Ars Alb* from *arsenicum album* (As_2O_3) and *Nat Mur* from *natrium muriaticum* ($NaCl$).

Some remedies are based on other natural substances: *Lachesis* from *Surukuku* or *Bushmaster Snake venom*, *Medorrhinum* from urethral discharge containing gonococci or *Cantharis* from the beetle *Cantharis vesicatoria*.

Conventional drugs may also be used in homoeopathic potencies to counteract side-effects, drug sensitivity or to aid drug withdrawal: *cisplatin*, *taxolifen*, *halothane* or *temazepam*.

The suppliers of homoeopathic preparations will provide lists of their products to pharmacists and the medical profession. These can be a very useful source of reference when deciphering handwritten prescriptions.

• **Potency** The potency, or strength, of homoeopathic medication is expressed either as X or C.

The starting point for all plant extracts and soluble

substances is the mother tincture (O). This is diluted in steps either on a decimal scale to give an X potency or on a centesimal scale for a C potency.

At each dilution stage the mixture is succussed, that is, shaken with impact a specified number of times, which potentiates the mixture. Each dilution and succussion stage increases the potency of the preparation; therefore, 30C is more potent than 6C.

It can be seen from the table below that, although 12X and 6C have been diluted to the same extent, 12X is more potent than 6C because it has undergone 12 dilutions and succussions whereas 6C has only undergone six.

The potencies encountered most frequently are 6X, 12X, 6C, 30C, 200C and 1M (1000C).

• **Dosage** Homoeopathic remedies stimulate the body to produce its own response. The rate at which the stimulus is used up determines the dose frequency; in acute conditions the stimulus is used up more rapidly than in chronic states.

The higher the potency, the greater is the stimulus provided and the longer it will last. The high potencies also act more deeply, and a single dose may provide an effect lasting several weeks or months.

Since the medication acts only as a trigger, a single tablet or powder, or one or two drops of liquid, is all that is required. Increasing the dose to two tablets does not produce any greater effect. Mother tinctures are low-potency preparations. Those with low toxicity, such as *example Crataegus* or *Convallaria*, may be administered in multi-drop doses.

• **Administration** Solid, oral dose forms should not be



swallowed but allowed to dissolve in the mouth. Liquids should be mixed with a little water and held in the mouth before swallowing.

Mother tinctures may be diluted with water before using externally as a lotion.

Dispensing the prescription

Homoeopathic remedies are very sensitive to other drugs and care must be taken during

Homoeopathic potencies

Decimal scale		Centesimal scale	
Potency	Dilution	Potency	Dilution
1X	1/10		
2X	1/100	1C	1/100
3X	1/1000		
4X	1/10 ⁴	2C	1/10 ⁴
5X	1/10 ⁵		
6X	1/10 ⁶	3C	1/10 ⁶
12X	1/10 ¹²	6C	1/10 ¹²
		12C	1/10 ²⁴
		30C	1/10 ⁶⁰

Interpretation of the prescription

O	Mother tincture
MT	Mother tincture
X	Decimal potency
D	Decimal potency (used mainly on the Continent)
C	Centesimal potency
M	Abbreviation for 1000C
/, (g), m	Abbreviations for drop
Saltspoonful	Measure of powder for oral administration
Sac Lac	Lactose
Trit.	Homoeopathic potency of insoluble substances in lactose for oral administration
7g	About 50 tablets
14g	About 100 tablets
25g	About 200 tablets

Homoeopathic formulations and their administration

Tablets	Compressed lactose tablets of BP standard 6mm diameter. Slow dissolving. Soft tablets of lactose 5mm diameter. Rapid dissolving.	Allow to dissolve in the mouth.
Pillules	Spheres of sucrose 3 or 4mm diameter.	Allow to dissolve in the mouth.
Granules	Spheres of sucrose 1mm diameter or finer for infant medications.	Place a few granules in the mouth or below the tongue.
Liquids	Potencies in alcohol/aqueous vehicle. May be administered orally as drops or used to potentise other formulations.	Take diluted in a little water. Hold in the mouth before swallowing.
Powder	May be supplied as single dose, wrapped powders or multidose containers.	Tip into the mouth or below the tongue.
Tinctures	May be administered orally, diluted in water. May be used neat for external application or diluted with water as a lotion. Eye lotions should be diluted with boiled, cooled water.	Take as above. Approximately 10 drops to 1/2 pint of water.
Ointments and creams	For external application.	
Oils	For external application.	

dispensing to avoid contamination.

• General guidelines

1. Do not handle homoeopathic tablets. Wherever practical, give a complete OP indicating on the label that only a proportion of the tablets is to be taken.
2. To count tablets, use a clean 5ml spoon and paper or count and transfer via the bottle cap. Never use an electronic tablet counter.
3. Tablets may be prescribed by number or by weight. If the stock held in the dispensary is not the same, give the equivalent pack size.
4. Never use spilled tablets.
5. Never re-use a bottle which has held a different remedy or potency since the inner surface of the bottle will be contaminated.
6. Liquids can be purchased in bottles complete with dropper inserts and can be supplied to the patient as an OP. When dispensing oral liquids from bulk stock, ordinary medicine bottles are quite suitable but the patient will require a dropper. This is not reimbursable on FP10 unless prescribed as a separate item.
7. Any equipment used to count or measure homoeopathic medication should be thoroughly cleaned and decontaminated by placing in a hot oven before re-use.

• Potentisation techniques

Pharmacies specialising in homoeopathic dispensing may carry a range of liquid potencies with which they medicate tablets, pillules, powders and so on as required. The procedure is straightforward.

1. Tablets. Unmedicated lactose tablets can be bought either in bulk or in prepacked vials.

To medicate the tablets, add one or two drops of the liquid potency to the container and tap gently to disperse. If using bulk tablets, some pharmacists

prefer to clean them first with chloroform spirit or ethanol.

Granules and pillules are medicated in the same way. When using soft lactose tablets, care must be taken not to over-wet them.

2. Powders. Unmedicated, wrapped, unit dose lactose powders can be purchased or may be prepared by the pharmacy.

To medicate a powder, open carefully and place one drop of the liquid potency on to the powder. Close and allow to dry.

Several powders can be medicated at the same time by allowing a drop of the liquid potency to run down the edge of a pile of wrapped powders.

- **Containers** Glass containers are preferred for long-term storage but for dispensing purposes, standard amber plastic bottles can be used.

A range of tablet vials, small screw cap bottles, small dropper bottles and pourer restrictors for drop administration are available. These are more appropriate for the dispensing of small quantities.

- **Labelling** Label as for any dispensed medicine. Include information on the correct administration of the medication.

- **Endorsing the prescription** Prescriptions should be endorsed with the following:

Z D
Name of supplier
Pack size
Trade price, not including VAT.

Extemporaneous dispensing fees, as outlined in Part IIIa of the Drug Tariff, should also be claimed. This includes tablets, powders, pillules and so on which are potentised in the pharmacy.

- **Ordering** It is inevitable that there will be occasions when the prescribed item is not in stock. All the homoeopathic suppliers offer an excellent

delivery service. Orders placed by telephone for an urgent item will be received, in most cases, the next day. Any out-of-pocket expenses incurred can be claimed from the PPA.

Patient counselling

- **Oral medication** The patient should be advised not to handle the tablets and not to eat, drink or use toothpaste (except homoeopathic toothpaste) for 15-30 minutes either side of taking the medication. Strong flavours such as spicy foods, peppermint and tobacco will affect the efficacy of the preparation. Coffee, including decaffeinated, is an antidote to many remedies and ideally the patient should refrain from drinking it during treatment. Self-adhesive cautionary labels are available.

- **Keep out of reach of children**

As it is the repetition of doses rather than size of dose which produces the effect, taking a whole bottle of tablets at once will have no greater effect than that of a single tablet.

- **Aggravation** Sometimes when starting homoeopathic treatment, the patient may experience a worsening of symptoms. This is a sign that the body is reacting to the stimulus. If a patient asks for advice, reassure him that this is quite normal, is only temporary and that the remedy is working. Advise him not to take any further doses until the symptoms improve and to restart the medication when improvement ceases.

Storage

- Store in a cool place.
- Keep containers well sealed to prevent loss of potency due to dehydration.
- Protect from light — sunlight rapidly destroys potency.
- Keep away from perfume, menthol, eucalyptus, camphor and other strong smelling substances.
- Keep away from magnetic or radiation sources, for example, computers.
- Neutral glass containers are preferred for long-term storage.

Plastic containers are suitable for only short-term storage (less than three years). Stored correctly, the shelf life of homoeopathic remedies may be 30 years or longer.

- **Further information** There are many books on homoeopathy but the most simple and basic reference booklet is *Homoeopathy for the Family*, published by the Homoeopathic Development Foundation. You could also try *Introducing Homoeopathy into the Pharmacy*, from A. Nelson & Co Ltd.

Suggested textbooks include *Introduction to Homoeopathic Medicine* by Dr Hamish Boyd (Beaconsfield Publishers) and *The Family Guide to Homoeopathy*, by Dr A. Lockie (Hamish Hamilton).

Courses for pharmacists are organised by the Faculty of Homoeopathy, Weleda and A. Nelson & Co Ltd.



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Poisoning with benzodiazepines

In the 1980s, 265 million prescriptions were written for benzodiazepines. Part of this success was due to their low toxicity in overdose compared with barbiturates — but this relative safety may have biased judgments about their toxicity.

Formerly, all benzodiazepines were believed to be equally safe. But an analysis of official mortality statistics by psychiatrists in Newcastle and Edinburgh suggests that some may be more toxic in overdose than others.

There were 1,576 deaths associated with benzodiazepines in the decade to 1989. Of these, 57 per cent were linked with a single compound and 38 per cent with a single drug plus alcohol; over half were suicides.

In drug-related fatalities, alcohol was linked with benzodiazepines more frequently than with any other drugs except chlormethiazole, probably reflecting their wider use.



The first notable finding was that benzodiazepines used as hypnotics are associated with more deaths than those prescribed as anxiolytics. Overall, there were 7.8 deaths per million prescriptions for hypnotics compared with 3.2 per million with anxiolytics.

This is not due to larger prescriptions (expressed as diazepam equivalents, there were 34 deaths per 1,000kg hypnotics and 10 per 1,000kg anxiolytics) or patient

differences (47 and 13 deaths per million respectively). Among anxiolytics, there was an average 3.2 deaths per million prescriptions.

Clorazepate was associated with significantly fewer (1.4 per million) and diazepam with significantly more (4.0 per million) deaths. This was due to its toxicity in combination with alcohol, which was three times that of chlordiazeoxide. No deaths were associated with medazepam after 939,000 prescriptions.

Differences among the hypnotics were more marked. The average mortality was 7.8 per million prescriptions. This was significantly higher with flurazepam (15.0) and temazepam (11.9), and significantly lower with triazolam (5.1), nitrazepam (4.4), loprazolam (3.1) and lormetazepam (0.9).

The greater toxicity of temazepam and flurazepam was observed consistently over the ten-year period. Mortality

increased significantly with age, with around 80 per cent of deaths associated with temazepam occurring in the over-45s.

There are important sources of potential error. For example, death certificates are an unreliable source of information about cause of death, and some benzodiazepines are used for insomnia and anxiety. But the toxicity of temazepam cannot be explained by its use by drug abusers (a predominantly young population) or on a preferential use in the elderly.

These differences are important, the authors say, because benzodiazepines are prescribed to relieve the symptoms of distress, not for life-threatening illness. *British Journal of Psychiatry* 1993;163:386-93

Simplifying therapy for *H pylori*

Triple therapy with bismuth chelate, metronidazole and an antibiotic taken three or four times daily eradicates *Helicobacter pylori* in most people with duodenal ulcer, but it is a demanding regimen to take. A study from Germany has shown that treatment can be simplified with equal success and some advantages.

Forty patients with duodenal ulcer and confirmed *H. pylori* infection were randomised to two weeks' treatment with either bismuth/tetracycline/metronidazole plus ranitidine or omeprazole/amoxicillin, followed in both cases by one month's treatment with ranitidine.

Of those taking triple therapy, the organism was eradicated in 84.2 per cent compared with 78.9 per cent of those treated with omeprazole/amoxicillin — statistically, not a significant difference.

But endoscopy showed that all ulcers healed after double therapy whereas four persisted

after triple therapy; relief of epigastric pain occurred after one day and six days respectively and minor adverse effects were more common after triple therapy.

"Antibiotic-enhanced anacidity" with omeprazole and amoxicillin should be

recommended as the treatment of choice, the authors conclude, though further work is required to establish the optimum doses and duration of treatment. Triple therapy could then be reserved for people allergic to penicillins.

Gut 1993;34:1167-70



Deaths from solvent abuse still widespread

Solvent abuse no longer makes headlines but the problem remains and accounts for an estimated 80 to 100 deaths among under-18s every year.

Between 3.5 and 10 per cent of schoolchildren have experimented with solvent abuse, and some 0.5 to 1.0 per cent are current users. The desired euphoria occurs quickly, though high doses cause unpleasant perceptual changes and confusion.

Death is due to asphyxiation after inhaling vomit or to cardiac arrhythmia.

Information about deaths associated with solvent abuse is collated by the Department of Public Health at St George's Hospital Medical School.

In a recent report, it notes that 605 deaths occurred between 1981 and 1990, with 70 per cent of fatalities among under-18s occurring in 14 to 16-year-olds. The male:female ratio was 5:1. The death rate is increasing, and butane and aerosols have replaced glues as the commonest substances.

Deaths were substantially more common in Scotland and the North of England, and four times as many children were in social class V than were in social class I.

Deaths were also more common during the summer holidays and after school hours. Overall, the mortality associated with solvent abuse was four times greater than in the general population. One-third of deaths occurred in first-time users, indicating the risks of experimentation. *Archives of Disease in Childhood* 1993;69:356-60

Naftidofuryl for night cramp in the old

The BNF is sceptical that naftidofuryl is effective as a cerebral vasodilator, but new evidence suggests it could prove useful for the treatment of night cramp in the elderly.

Fourteen elderly patients who had experienced night cramp for up to 40 years participated in a double-blind, placebo-controlled trial.

Naftidofuryl 300mg twice

daily was taken as a slow-release formulation which provided maximum blood levels between 1am and 6am, the period when most cramps occurred. After four weeks' treatment, cramp disappeared completely in three patients and was less common in eight; but there was no change in two cases and one was worse.

Overall, the average number

of cramp-free days increased from 14 per month with placebo to 22 with naftidofuryl. Adverse effects were not more common than with placebo.

The current treatment of choice for night cramp is quinine, even though evidence supporting its use is conflicting and it is dangerous in overdose. *Postgraduate Medical Journal* 1993;69:624-6

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Quality Medicines at Sensible Costs

Is it cost-effective to treat the elderly hypertensive?

A Swedish study of the treatment of hypertension in 1,627 people aged 70 to 84 showed that cardiovascular morbidity and mortality are reduced.

But is the treatment of a population whose life expectancy is low anyway an efficient way of allocating scarce resources?

In a further analysis of the data from the trial, the cost-effectiveness ratio of treatment was calculated from the net cost (treatment cost minus savings from lower morbidity) divided by the number of life-years gained.

It was assumed from clinical trial data that treatment would reduce the risk of stroke by 46 per cent, and of other cardiovascular events by 30 per cent; mortality was unexpectedly low at 50 per cent of that in an untreated population.

These benefits were applied to a two-year treatment period, after which all risks were assumed to return to the levels of untreated patients. At Swedish prices in 1991, the total

cost of treatment was equivalent to about £400.

Taking into account the benefits of treatment, the net cost for men was £82, achieving a gain in life-years of 0.18; for women, the figures were £215 and 0.14 respectively. The cost per life-year gained was therefore £500 for

men and £1,500 for women.

This is inexpensive compared with other ways that resources are allocated: for comparison, the Swedes evaluate the benefits of road-building according to a cost per life-year gained of £40,000.

Journal of Internal Medicine 1993;234:317-23

Guanethidine is effective against toothache

The ganglion-blocker guanethidine has fallen from favour as an anti-hypertensive agent because of its adverse effects but it may have a new and unexpected role — relief of toothache.

Guanethidine is known to relieve pain due to local intolerance of cold following trauma, a condition associated with local sympathetic hyperactivity. Freshly exposed tooth dentine is, the authors say, excruciatingly painful, particularly if stimulated by cold.

This observation prompted one to apply 1 per cent guanethidine solution in the form of Ismelin injection to his own aching teeth: pain relief occurred within two minutes without loss of other sensations and lasted for two to three hours. Applying lignocaine in the same way had no effect, so this was not a local anaesthetic effect.

The finding was tested on patients attending a dental

hospital for procedures which would normally require a local anaesthetic. Pain relief was achieved in five patients with exposed dentine, in four of five receiving crowns and in four with dental caries undergoing cavity preparation.

In one case, guanethidine provided pain relief after a local anaesthetic was ineffective. The one failure was a man who needed extensive bridgework with six crowns. No adverse effects were reported.

In about half of these patients, the application of guanethidine resulted in a small exacerbation of pain — an observation which suggests one possible mechanism of action. It appears that pain transmission occurs via noradrenergic pathways which can be blocked locally. Guanethidine first displaces noradrenaline from nerve endings, exacerbating pain, then produces analgesia by blocking further release.

Journal of the Royal Society of Medicine 1993;86:514-5

Skin reactions to anti-rheumatics

Adverse reactions affecting the skin are relatively common among people taking slow-acting anti-rheumatic drugs. Even though it may not be drug-induced, the appearance of a rash can result in the withdrawal of otherwise effective therapy.

Since it is often difficult to find a drug that will control symptoms, physicians in Stoke-on-Trent examined the impact of rash in patients with rheumatoid arthritis and monitored its outcome.

Over two years, 114 of 695 people attending a rheumatology clinic developed a rash and were referred to dermatologists. In ten cases, the rash resolved before they were seen; in a further 23, the rash was not related to treatment or to rheumatoid arthritis.

The rash was believed to be disease rather than treatment-related in 38 patients and responded to topical steroids. Thirty-eight per cent of patients developed rashes associated with drugs.

The commonest cause was gold, accounting for 80 per cent of cases, but two-thirds of these responded to treatment with topical steroids or a reduction in dose. Over half of patients had previously experienced a rash, and gold and penicillamine accounted for virtually all cases in equal proportions.

British Journal of Rheumatology 1993;32:798-803

Clove oil danger

Small children will sometimes swallow anything they can lay their hands on, so substances left lying around the home are a potential hazard. A common cause of referral for suspected poisoning are topical toothache remedies.

The outcome is usually uneventful but a recent report indicates that oil of cloves is potentially dangerous.

A two-year-old boy presented one hour after swallowing 5 to 10ml of clove oil. Initially, he was only upset and crying but within three hours he became comatose and developed marked acidosis. Five hours later, he had a seizure and his blood glucose level was unrecordably low.

After one day, the boy was still unconscious; his liver function deteriorated sharply and he developed disseminated intravascular coagulation. Consciousness did not improve until five days after ingestion, and he was fully awake only on the sixth day.

Clove oil is one of many essential oils freely available from pharmacies and health shops. It contains up to 90 per cent eugenol, which appears to cause hepatotoxicity similar to that associated with paracetamol overdose. Few containers carry warnings of its toxicity, which may have been underestimated.

Archives of Disease in Childhood 1993;69:392-3

Reducing long-term anti-hypertensive use

Treatment with anti-hypertensives is usually for life, which is why a diagnosis of hypertension must be made with care and reviewed at intervals. Research is now underway in the UK to determine whether treatment can be stopped in some patients.

In the US, similar concerns about the necessity of life-long treatment have prompted physicians to search for alternative ways to control blood pressure.

Losing weight is known to reduce blood pressure in people with newly-diagnosed mild hypertension, but does it benefit people already taking drugs and do its effects last?

Almost 600 people with mild hypertension who were 10 to 60 per cent overweight were randomised to normal diet or a weight-reducing diet, and then to treatment with atenolol or chlorthalidone, or to placebo.

Treatment failure was defined as the need for more anti-hypertensive drugs or a rise in diastolic blood pressure above 90mmHg.

On average, dieters lost 2 to 3kg compared with those eating their usual diet; the greatest weight loss occurred in those taking chlorthalidone and least in those taking atenolol — an interesting finding which suggests that beta-blockers make weight loss more difficult.

After five years, the frequency of treatment failure in non-dieters was 56.7 per 100, compared with 49.8 per 100 in dieters. Irrespective of which anti-hypertensive was used, weight loss reduced the risk of treatment failure by almost a quarter.

But maintaining the diet is difficult: most of the weight lost was regained during the five-year study.

Archives of Internal Medicine 1993;153:1773-82



Research Digest is a regular series written by drug information specialist Steve Chaplin MRPharmS, looking at the current developments in medicine

As a new school term begins...

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A SPRAY A DAY KEEPS HEADLICE AWAY

POM to P — seizing the opportunity

Papers that demonstrated how pharmacists could capitalise on the available professional and business opportunities dominated the second and third sessions at Unichem's Bali Convention (see also p644 last week). In the coming months and years, the jewel in the pharmacy crown will be newly 'down-regulated' medicines, speakers at the POM to P forum proposed



Pharmacists should capitalise on their two unique commodities as professional retailers — their pharmaceutical knowledge and the medicines on their shelves — but to do this their communication skills needed to be honed along with the advice that accompanied any sale.

This was the key message put to delegates by Paul Hawkins, Whitehall Laboratories sales director, opening the POM to P forum: "The modern image of a pharmacy must be that of a health centre rather than a purely commercial concern."

A pharmacy must be a centre for excellence that offers customers the care and quality of service they would expect, he said. "Doctors' surgeries are already doing it, and the opportunity of offering health promotion will continue to enhance the pharmacist's role."

Mr Hawkins gave these "wants" as confidential areas and healthcare monitoring services, but with service the ultimate requirement: "If the customer leaves feeling dissatisfied, he won't be back!"

Pharmacists of today must embrace the communication and interpersonal skills that are now being taught at university. "These skills satisfy the clinical and business considerations of the pharmacist."

Studies had shown that patients forgot 30-50 per cent of data passed on at a GP consultation: "The pharmacist is the last point of call and so the last opportunity to ask questions or to raise concerns."

Northern Ireland pharmacists Morrow and Hargie had studied the interpersonal and communication skills of pharmacists. They had found that patients were dissatisfied with the advice given and

complied poorly with it, that satisfaction and compliance are related, there is a failure to understand/remember advice but that this can be improved through better instruction, and that pharmacists fail to understand the psychological needs of patients.

The research showed that patients are more likely to remember the first instruction and those that were emphasised, repeated, simple and few in number.

"You are the last of the healthcare team to have patient contact, to reinforce already presented information, to answer questions and enforce compliance."

Mr Hawkins said that a US report had found: "The pharmacy is concerned with drugs and people who consume them. Complex as drugs are, people are even more complex — chemically, emotionally, intellectually and socially."

Any improvement in communication and interpersonal skills between pharmacist and customer can only further improve their image as health professionals: "As these skills continue to improve, so too does customer satisfaction and the pharmacy business."

Mr Hawkins set out the four essential skills: talking at the patient's level, taking medication history through interview; communication with other health professionals; and recognising and interpreting non-verbal body language.

The Morrow/Hargie study was a milestone in the analysis of pharmacy practice, he said. Key points from their analysis were that pharmacist should build rapport, question, explain simply and listen to concerns.



The "POM to P forum", chaired by Unichem deputy chairman David Mair, (centre) are from left: Les Wood, sales director Zyma Healthcare; David Humphreys, OTC marketing manager Fisons plc; Pierre Essaye, Warner Lambert trade marketing manager; and Paul Hawkins, Whitehall Laboratories sales director

Clearing the decks for Ps

The Government is keen to support the transition from POM to P in an attempt to curb ever-rising healthcare costs.

"Used positively, Government activity can help grow our over-the-counter market," said Fisons OTC marketing manager David Humphreys.

His OTC activity list is:

- more OTC indications and OTC ingredients released
- OTC/semi-ethicals gap closed
- GPs/pharmacists to reshape patient thinking on self-limiting disease management
- engage consumers' need for more control over their health.

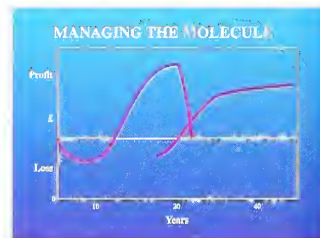
Manufacturers who saw the patent clock ticking away on prescription patents are happy to manage their molecule from POM to P, if that is applicable.

"Pharmaceutical companies are seeing that ownership of the drug ends with the patent; when that happens, any company can initiate the switch," he said.

In the past the rules were unclear and switches were left to the "owner". But new guidelines issued by the Medicines Control Agency make it clear just what the data requirements are: "Companies realise that it needn't be a mammoth task... much of the data is in the public domain."

Mr Humphreys said the Department of Health had also assured manufacturers that products switched from POM to P would not automatically be blacklisted — the two processes were quite separate.

Another misconception had been that to use the same brand name for the switched product to that of the prescription drug would result in a loss of reimbursement



Managing the molecule — patent lifespan through R&D to the POM market and then to P

or a ban on advertising.

"May I kill this once and for all," he said. "There is no objection to the use of the same trade name for script and OTC products."

In short, POM to P switches meant more money for pharmacists from the side of the business they, and not the Government, controlled. There would be an ever-increasing number of new therapeutic compounds, new indications to self-treat, products for pharmacy only sale, high gross margins, higher customer flow and new customers.

"But how many of you will be content to let us, the manufacturers, put all the money into developing the market? How many of you will be putting these new medicines into drawers or hiding them on shelves among ancient cures?"

He challenged: "Will you be freeing yourselves to provide professional help to your customers? Will you be clearing the decks of your shops for products that are unique to pharmacy? Or will you allow the multi-national pharmacies to gain an ever-increasing hold on the market?"

continued p682



The slim two-some from Sun Nutritional line up to tell delegates how to take advantage of the maligned but thriving slimming market — with a little help from Slimfast. Dawn Petch is national account manager and David Farrar is managing director of the company

KNOCKOUT NEWS FROM THE BEST SELLER



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Is open medicine display the right option?

A recent 43-pharmacy study has shown that open display of GSL medicines prompted a 12 to 20 per cent increase in their sales, with no statistical decline in P sales. Given the results of a 910-responder questionnaire, there was "every expectation" that P medicine sales would eventually increase.

Pierre Essaye, trade marketing manager for Warner Lambert, told delegates that while GSL self-selection encouraged impulse purchase, this was not a worrying trend.

"By placing and communicating effective relief in an accessible position at the counter front, at the purchase point or in a window, you are actively encouraging 'silent sufferers' to do something for themselves."

If a product can be picked up, the back of it can be read, which often leads to purchase or a request for further advice and information, said Mr Essaye.

Superstores gave just 1 per cent of their space to medicines, he said. Moss claim that medicines give them 45 per cent of their gross profit.

"Shouldn't you be giving them a higher profile on your shelves?" he asked. "Your customers can, with your input, make the right choices and leave your shop with a greater understanding of your role for the future."

"If the habit of asking advice is established, the unique selling point for pharmacy is given and can only improve."

Question time...

Q Should there be a new category for newly switched POM to Ps?

A No. You "own" the safety measures already. Another category would only confuse. Pharmacists have the technical skills to handle switches.

Q Should P medicines be on open display in the Weldrick experiment?

A Having P medicines on restricted display gives pharmacists the opportunity to explain their point of difference. P medicines make the local community pharmacy different. Pharmacy only is not just a category difference...P medicines are central to the role of pharmacists. Make it obvious to the customer *and* to Government that they need you, the pharmacist, to handle switches.

Q Had not all the POM to P papers been concerned with profit rather than professionalism?

A It is difficult to separate professionalism and capitalism — they can be one and the same.

Q Are POM to P medicines going to attract lower profit margins?

A Newly switched Ps are likely to attract heavy advertising, so margins will be in-line to take account of the OTC opportunity.

Turning the crucial into the critical for the competition

1994 will be a crucial one for pharmacists, Unichem deputy marketing director Tony Foreman told delegates, proposing some solutions for the problems that lay ahead.

The independents' profits would be squeezed, there would be the threat posed by Boots' opening of non-NHS contract pharmacies, supermarkets were on the move, and there was the growth of Lloyds, Boots and National Co-operative Chemists.

Mr Foreman said the Unichem Gold Partners scheme could help combat these problems.

With 1,800 members, the Gold Partner scheme represented buying power that could vie with Boots and Lloyds.

Mr Foreman explained that

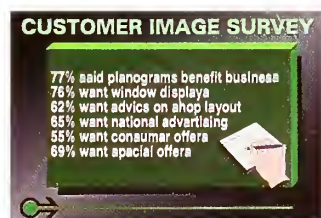
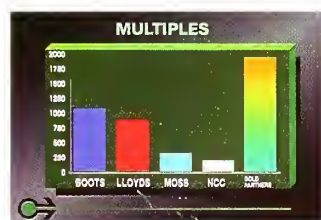
Unichem were in talks with Glaxo and Zeneca to see if Gold Partner purchasing power could enable pharmacists, in effect, to dispense company brands against generic prescriptions.

Next year Gold Partners would feature stronger products, exclusive offers, more "3 for 2" deals and more branded seasonal promotions for hayfever and the like.

In 1994 Unichem are to make available to members the Moss Retail Advisory Service — Unichem-owned Moss is the third largest retail chain at 260 branches. Also new will be an own-brand antihistamine range that will spearhead new medical and toiletry products.

Unichem are looking to refashion their logo so that it can enable their own-label products to perform more strongly. The Unichem arrow will continue, but the "pointer to value" legend suggested cheapness rather than high quality and will be changed.

Unichem are open to offers. The best suggestion will be matched with a trip for two to 1994's convention in Vancouver.



The independent's competition v Unichem Gold Partners (top). Plus the things Unichem golden pharmacists have placed on their Partners' shopping list (above)

The eyes may have it!

The current turmoil in the contact lens market was examined by Ian McAffer, sales and marketing director of Waverley Pharmaceuticals.

When the Monopolies and Mergers Commission reported on the market earlier this year, pharmacists had a 48 per cent share, largely because they are the "local convenient professionals who have embraced an opportunity".



Ian McAffer on how to combat the "supermarket soap powder treatment" of lens solutions

But the MMC found that prices and profits were artificially high, that Ciba and Allergan were monopolistic, and Boots have been able to convert 20 per cent of their business to own-brand sales.

The MMC recommendation was that consumers would be better served if contact lens solution licences became GSL: "This means that anywhere that you can buy soap powder, you can buy your contact lens solution. Pharmacists must capitalise on their Unichem 'pharmacy only' solutions."

Building business

To be successful in the future, suppliers will have to reflect and respond to pharmacy needs and consumer demands. This is the conclusion of a Crookes Healthcare survey into the needs of the pharmacist.

Presenting the findings, Gerard Fremlin, trade marketing manager, reminded delegates that outside competition from powerful retailers meant the pharmacist did not just need to be a person skilled in pharmacy, but an omnibus businessman as well.

Daunting as the prospect was, he said that the solution was to draw on the expertise of suppliers to meet that challenge.

Mr Fremlin said it was bad practice to clutter shelves with high margin lines if they don't sell.

"High percentage margin is only good when linked to high volume. High volume lines are nearly always ones your customer wants to buy or that you recommend."

On price and promotions, Mr Fremlin said pharmacists should

	11 Weeks	10 Weeks	8 Weeks
Sales	300	300	300
Cost of Sales	230	230	230
Gross Profit	70	70	70
Stocks	49	44	35
Debtors	25	25	25
Creditors	(28)	(28)	(28)
Cashflow	25	29	38

How cash flow can improve as stock carried is reduced

not try to compete with everyone.

"Do not have low prices all the time. Train your customers to buy volume on promotion and to pay standard price off promotion."

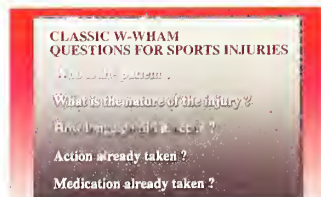
Mr Fremlin also warned that promotions must be made obvious to the consumer through good merchandising and display.

His summary of tips for success were:

- ruthless ranging swells profit
- analyse sales rates by category
- profit from sales, not margin
- apply price and promotion plan
- apply space management plans.



Director of healthcare market research at Seton Healthcare, John Chamberlain, explains how pharmacists can cash in on sports injuries by offering supply services to sports clubs and physiotherapists. When the injured present, the 2-WHAM approach is called for (see below)



Are you 'Fit for the Nineties'?

There is still plenty of time to enter the 1994 'Fit for the Nineties' Shop Design Awards, co-sponsored for the third year running by **Chemist & Druggist** and Whitehall Laboratories. The 1994 Awards offer record prize money to both the winner and runner-up in the full and partial refit categories. If you have refitted between January 1992 and December 1993, you could win up to £1,750



Dallas Chemists of Edgware, Middlesex, were highly commended for this full refit. The company wanted a pleasing environment for the public to shop in while "portraying the professional side at the same time"

Personal service — matching professional and retailing skills to a customer's requirements — is a particular skill of community pharmacists. The judges of the 1994 'Fit for the Nineties' Shop Design Awards will endeavour to judge how well pharmacists have matched and executed the design of their full or partial refit to the services they want to provide for their customers.

David Beauchamp, managing director of Whitehall Laboratories, commenting on the 1994 Shop Design Award and the challenge facing industry and pharmacy in a changing retail environment, says: "We at Whitehall are delighted once again to be associated with C&D in sponsoring this important award."

"With the anticipated switch of many more products from prescription to over-the-counter status, the OTC healthcare market is facing a period of dynamic change and growth. Pharmacists are becoming increasingly aware of how important it is to provide an environment that is pleasant and welcoming for customers. This, plus the need to develop the role of the pharmacy with specialist counselling areas, increases the challenge to the profession."



Dermot O'Donnell of Londonderry wanted his full refit shopfront "to have open plan windows and an entrance porch which allows an uninterrupted view of the interior". O'Donnell's Pharmacy was highly commended in '92



Orr & McWilliam were commended in the partial refit category for their new shopfront. Pharmacist James McWilliam aimed to present to the folk of East Kilbride a pharmacy which "contrasted with the indoor, heated shopping centres nearby, promising good, old-fashioned service to match the exterior"

Categories

1. New pharmacy shopfit or major pharmacy refit involving at minimum the full sales area. Entrants must describe in no more than 300 words the main objectives of the refit and how they were achieved, and back up their submission with photographs, illustrations and plans where possible. In particular, how services and merchandise are matched to customer type/locality through cost-effective solutions.

2. Partial refit or extension of pharmacy involving: shop front; dispensary; special sections of sales area; consultation area; conversion of non-sales area to trading venture, and so on. Entrants must also describe in no more than 300 words the main objectives of the refit explaining how they were achieved, backed up with photographs, illustrations and plans where possible.

In both categories, judges will match execution of plan with objectives, with particular emphasis on innovative solutions to problems.

Entrants

1. Shopfitters (in conjunction with planners where appropriate, for example, wholesalers).

2. Pharmacy owners/managers.

Closing date for entries is January 31, 1994. Refits must have been completed in the period January 1, 1992 to December 30, 1993.

The entry must include category, full name, address and telephone numbers of pharmacy and shopfitter. It should reach **Chemist & Druggist**, Benn Publications Ltd, Sovereign Way, Tonbridge, Kent TN9 1RW, by January 31, 1994. Entry forms from Whitehall Laboratories or the above address.

Prizes

Either shopfitter or proprietor/manager (with owner's permission) can make an entry. The prizes awarded will be:

1. £1,750 for the winner of pharmacy refit; £750 for runner-up with plaques for both. Shopfitters to get a certificate and right to use competition emblem in advertising, etc.

2. £1,000 for the winner of partial pharmacy refit; £500 for runner-up with plaques for both. Shopfitter to get certificate and right to use competition emblem in advertising, etc.

All entrants to get certificate of entry. C&D has the right to publish entries. All entries to be returned.

Judging

Judging will be in February 1994, with the winners announced in C&D by April 30. C&D's Editor John Skelton will act as non-voting chairman of a four-person panel drawn from the pharmaceutical profession and shopfitting industry.

Lloyds' optimism continues

Lloyds Chemists reported another set of record results last week, with pre-tax profits up 40 per cent to £49.7 million.

Turnover increased by 58 per cent to £802.4m in the year to June 30. Turnover of Barclay Pharmaceuticals increased by 49 per cent to £502.7m, making them the third largest wholesalers in the UK after AAH and Unichem.

Each retail division increased market share, consolidating Lloyds' position as the second largest pharmacy multiple, second largest drugstore operator and the leading healthfood retailer.

Chairman Allen Lloyd says: "Increasing sales of Lloyds' own-label products, greater buying power arising from growth throughout the group, in particular the wholesale divisions, and the continued implementation of EPoS will further improve operating margins in current and subsequent years."

Turnover in the chemist division increased by 34 per cent to £422.2m, and the opening of 15 new stores during the year brought the total number of pharmacies to 870.

Commercial director Dick

Lilly to shed 4,000 jobs

Eli Lilly are cutting some 4,000 jobs worldwide, 305 of these in the UK.

About 2,000 employees will be offered voluntary early retirement, with another 2,000 job losses through natural wastage and reduced use of temporary or contract workers.

No particular sites or job functions have been targeted, nor has a definite timescale been given.

However, details for UK employees differ. Some 275 are eligible for a voluntary redundancy scheme. Again, no particular job function will be singled out. Instead, employees will be chosen on the combined basis of age and length of service.

Another 30 positions will go at the London headquarters, cutting staff numbers to just five.

Gordon Taylor, the UK division's director of corporate affairs, stresses that customer service will not be affected by the job cuts.

Turner feels confident that the latest remuneration proposals will not have a significant effect on profitability. "Fewer than ten" pharmacies would fail to qualify for the professional allowance as it now stands, he says.

He anticipates that pressure to contain NHS dispensing costs will be countered by increasing sales of non-prescription medicines as a result of POM to P changes and extensions to the Selected List.

In acquiring "strategic" pharmacies, the company has no intention of opening non-NHS outlets. "We operate drugstores so have no need for non-NHS pharmacies," says Mr Turner.

The drugstore division's turnover increased by 20 per cent to £75.3m during the year and 66 stores opened, bringing the total number of Supersave branches to 298 at the year end.

Holland & Barrett's turnover increased by 19 per cent to £55.6m and an additional 39 stores brought the year end total to 263. The current numbers are 305 drugstores and 270 healthfood outlets.

The company's newsagents are likely to have been sold within the next couple of weeks. Other retail outlets are four eyecare centres which are being kept but not expanded.

Barclay Pharmaceuticals are the main suppliers to the retail divisions and also supply over 4,000 independent retailers. Aims for the future are to increase market share and ethical/OTC turnover, develop Enterprise own-label and increase the use of computer dispensary systems.

Bill Jack, who has been group distribution director for three years, is to remain in charge following the recent departure of

Barclay's managing director David Lancaster on "very amicable terms".

After a full year within the group, Farillon, Martindale and the veterinary divisions' operating profits, taken together exceed the total retail and non-retail operating profit of the whole Macarthy group in the year before acquisition.

National Veterinary Supplies now equal largest veterinary wholesaler with Centaur, increased turnover by 589 per cent to £45.4m. The group's final dividend increased by 31 per cent to 5.25p net per ordinary share, making a full year dividend of 7.25p net.

Net borrowings were reduced to £15.7m while assets increased by 23 per cent to £115m, giving a capital gearing of 14 per cent.

The current year shows total sales 14 per cent ahead of last year for the first 13 weeks.

Sants offer shares to independents

Sants Pharmaceutical Distributors plan to raise £750,000 by persuading local independent pharmacists to buy a stake in the company.

The money will be raised through the Government's Business Expansion Scheme, which allows individuals to invest a minimum of £500 every year. Sants, however, have set a £900 minimum investment for 600 shares, ie, 150p per share.

Under the scheme, local independents will have a say in how the company is run as well as reaping the financial benefits, says chairman and chief executive Gerald Brooks.

"If you're quite genuine about helping the independent sector survive, support us," he says. "We want our customers as our investors, not venture capitalists."

To canvas support, Brooks will initially target 3,000 independents within a 50 or 60 mile radius from their depot in Stoke-on-Trent. Then 150 dispensing doctors and some local GPs will also be invited to invest.

Tax relief is available for investments up to £40,000. For example, if an individual invests £1,000 and pays income tax at 40 per cent, then there is a £400 rebate. If an investor keeps the shares for at least five years, the sum is exempt from capital gains tax. Sants will also pay annual dividends.

But they have not considered further discounts for shareholders. At present, they have a single discount policy.

In addition to the tax benefits, Brooks plans to set up two advisory boards made up of about 12 volunteers early in 1994. One board will represent pharmacists and the other dispensing doctors. Both will meet four times a year to put their views across to the company.

The prospectus, entitled *Creating a healthier future*, will

be launched November 6-7. This follows the official opening of Sants' new warehouse on November 5 by Labour MP for Newcastle under Lyme, Llin Golding.

Sants moved to the site in March, consolidating its presence in the area. It now employs 74 people there, with a further 100 joining by the end of 1998.

Sants expect sales to increase from the current £22 million to over £70m over the same time scale.

Nomad program

The Nomad 2.00 Littlefoot computer program that records oxygen and ostomy patient details costs £849 (ex VAT) and not £1,694 (ex VAT) as stated in C&D, October 9.

Sunday trading bill

Keep Sunday Special has pulled out of a joint presentation with Retailers for Shops Act Reform that was due to promote responsible regulation for Sunday trading. KSS would not compromise on double time premium payments, Christmas opening hours and strict definitions of shops that were allowed to open.

Medical directory

A directory in CD-ROM format gives access to over 130,000 medical contacts. Details of

regional and district health authorities, FHSAs, NHS trusts, state sector hospitals and independent hospitals are included. This is in addition to doctors' names, addresses and telephone numbers (tel: 0420 86848).

Hoechst generics

Hoechst are paying \$546 million for a 51 per cent majority stake of US generics manufacturer Copley Pharmaceutical, its first move into the US generics market. Copley has a net return on sales of at least 24 per cent.

Nichol win award

Nichol Beauty Products of Thetford, Norfolk, have won this year's Barclays' Business of the Year award. Most of their aerosols for the retail pharmacy market are sold to Boots, with a small fraction going to Lloyds.

the face of the '90s

THE BENN BEAUTY & PERSONAL CARE REPORT

The definitive report on fragrances, cosmetics and toiletries markets from the publishers of Beauty Counter, Chemist & Druggist, Community Pharmacy and Pharmacy Today.

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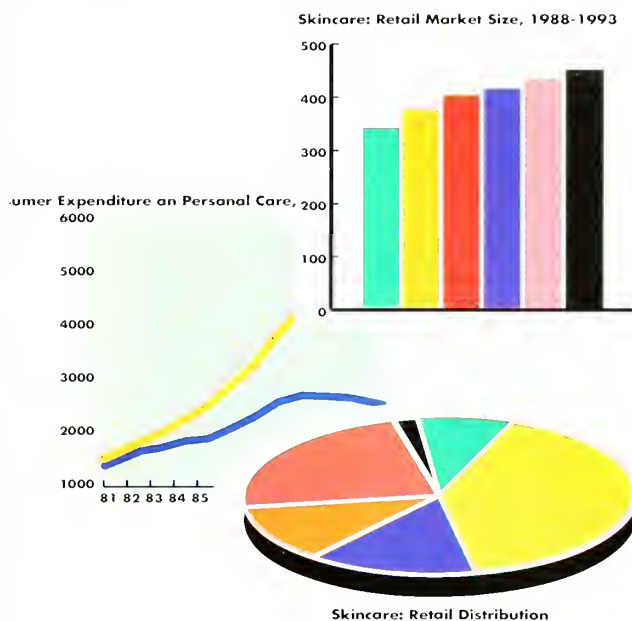
The Benn Report provides the complete market picture. It looks at the issues affecting the whole industry, from evolving attitudes to animal testing, the environment and health, to changes in UK shopping habits, households and demographics. Detailed market sector reviews highlight the growth of multifunction products, cosmeceuticals and other emerging concepts, the impact of new distribution patterns and retailers' private labels -- plus all the key background market data.

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Suncare • Bath & Shower Products • Male Toiletries
Personal Hygiene • Oral Hygiene • Baby Toiletries
Summary of Related Market Sectors



The Benn Beauty & Personal Care Report will be over 350 pages long, with text, tables and graphics. It will be published in October priced £375 but a special pre-publication price of £325 is available now to readers of Chemist & Druggist. To order at this special price, or for more details send back the form below or call Benn Pharmacy Sales on:

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Nucare aim to give muscle to independents

Oshwal Pharmacy Group is to form a company — Nucare plc — which aims to give more power to independent pharmacies.

Investment in the company is open to anyone, and independent pharmacies throughout the UK will be invited to become member customers. The membership subscription will be waived for the first year for independents who buy at least 2,000 shares.

Nucare aim to provide marketing support, own-brand

products and favourable centrally-negotiated terms on as many ethical and over-the-counter lines as possible. The own-brand range will start with OTC medicines and gradually expand into other traditional pharmacy sectors such as toiletries and baby care.

Managing director of the new company will be pharmacist Veni Harania. In 1987 he set up the Oshwal Pharmacy Group, a voluntary buying group of independents which now has over 150 members.

He told C&D he thought the time was right to expand with a full-time, rather than part-time, organisation which would give more buying power to independents. Together they can be major players in the highly competitive pharmacy trade, he believes, and Nucare can be the medium through which they can act collectively.

"In marketing today, independents are influenced by the wholesalers. The difference between Nucare and wholesaler-driven buying groups is that we will be retail-driven and act for the benefit of the retailers," he says.

Nevertheless, Nucare will work closely with wholesalers and so far have had a favourable response from them. Nucare's services will concentrate on buying and marketing, negotiating discounts from suppliers and helping to promote the image of members by local and national advertising.

Ultimately Mr Harania envisages member pharmacies having dual fascias, one with the Nucare symbol and the other with the pharmacy name, so that it is still perceived to be and

maintained as an independent.

There will be a central payment system so that a member can save time and money by paying, for example, ten suppliers with one direct debit through Nucare. Making payment to suppliers this way will enhance the company's ability to negotiate special terms, Mr Harania believes.

Initially there will be no warehousing but deliveries will be made by contract distributors, possibly on a daily basis.

The company is sending out a prospectus and inviting offers for subscription under the Business Expansion Scheme. It proposes to raise £750,000 by issuing 750,000 shares at £1 each. Subject to certain conditions, an investor can obtain tax relief and freedom from capital gains tax if the investment is held for at least five years.

Each application must be for a minimum of 2,000 shares and the directors are seeking to raise a minimum of £250,000. The subscription list will close when the offer is fully subscribed or at 3pm on November 15.

At present there is no intention for shares to be admitted to the official list of the Stock Exchange or to be dealt with on the Unlisted Securities Market.

There will be two other pharmacist directors — Mukesh Shah and Mahesh Shah — and chartered accountant Chandra Shah will be a director and company secretary. All three have experience in pharmacy business. Trevor Davies, former marketing manager for Numark Ltd, has been appointed as a consultant.

Further details are available from Mr Harania at 44 Shelton Street, London WC2H 9HZ (tel: 071-379 6676).

Leasehold loophole trips up retailers

High Street retailers could be forced to pay rent on shops they have already sold if they are not aware of a legal loophole.

Bernard Tennant, director of retail at the British Chamber of Commerce, is lobbying the Government to tighten up leasehold legislation to protect small businesses in England and Wales.

He represents some 8,000 retail pharmacists out of a total retail membership of 150,000.

Mr Tennant is particularly concerned about the "privity of contract" agreement that could see retailers paying up well into retirement if the new owner defaults on rent payments.

"This can catch people who retire, sell the business and invest the money in their pension. So do take professional advice," he urges.

Mr Tennant gives an example of Mr X, a retail pharmacist who signs a 20-year lease but wants to retire after ten years. After "assigning the tenancy" to the new owner, he retires on the proceeds.

Five years later, the landlord informs him that the buyer has not kept up the payments. Unless the leasehold agreement has been drawn up otherwise, Mr X or his widow is liable for five years' worth of back rent.

"But it's not just small businesses that can be caught out. Large multiples can also get clobbered," Mr Tennant adds.

He says he has backing from the Law Commission and the Lord Chancellor over the issue, with only the Department of the Environment holding back. It is in the process of compiling a report covering rent reviews, confidentiality agreements and property disputes which is delaying it from making a decision, says Mr Tennant.

High Court refuses to lift Unigam ban

The High Court last week blocked attempts by Norgine to lift the temporary ban on sales of their evening primrose oil product Unigam.

It now leaves the market clear for Scotia Pharmaceuticals to market their competing products Epogam, Epogam Paediatric and Efamast during the next two years.

Unigam sales were originally suspended in April (C&D, April 17, p692) pending outcome of action by Scotia against the Department of Health and Norgine.

Scotia claimed that the Unigam licence was granted using Scotia's own data rather

than research data generated by Norgine and therefore contravened EC Directive 87/21.

The case was subsequently referred to the European Court of Justice (C&D, July 31, p185), with a result not due for another two years.

According to Norgine managing director Peter Harsant, the company is not going to appeal against the High Court ruling: "We are taking the long-term view and are seeing it through the European Court."

● Scotia Pharmaceuticals' sister company Efamol have signed a marketing and distribution agreement with Zyma, Ciba's self-medication division.

Coming Events

Monday, October 18

North Metropolitan Branch RPSGB, at School of Pharmacy, Brunswick Square, University of London, 7.30 for 8pm. "Pharmacy — where next?" by John D'Arcy, NPA pharmacist administrator. Buffet provided.

Tuesday, October 19

Oxfordshire Branch, RPSGB, at the Postgraduate Medical Centre, John Radcliffe Hospital at 8pm. "Pain Control" by Dr A. Jadad from the Pain Relief Unit at the Churchill Hospital.

Scottish Department, RPSGB, evening meeting to be held in association with the Fife Branch at the Dunnikier House Hotel, Dunnikier Way, Kirkcaldy, Fife at 8pm. Dr M. Malek from the University of St. Andrews will speak on "Making priorities in healthcare: pharmacoeconomical with the truth?"

Wednesday, October 20

Bath & District, RPSGB, at the Gainsborough Room, Pratts Hotel, Bath, at 8pm. "Meet the local Branch", meeting to enable the undergraduate students to meet pharmacists. Buffet provided.

Aberdeen & North Eastern Scottish Branch, RPSGB, at Room C404, The Clarke Building, Robert Gordons University, Aberdeen, 7.15pm. Speaker Mrs Turnpenny — "Smoking Cessation".

Thursday, October 21

Somerset Branch, RPSGB, at Lynton House Conference Centre, Selworthy Road, Taunton, 7.15 for 8.15pm. Joint meeting with the Somerset LPC. Question and answer session.

Advance information

Department of Pharmaceutical Sciences, RPSGB, two-day residential course on "Registration requirements for pharmaceutical development" at Hilton National Hotel, Cobham, Surrey, on **October 18-19**. Further details from Dr J. A. Clements, tel: 071-735 9141, ext 289.

Parenteral Society's Annual Conference at the Crown Hotel, Harrogate, on **October 19-20**. Further details from the Society, tel: 0793 824254.

British Association of Pharmaceutical Physicians Symposium at The Royal Aeronautical Society on **October 21**. "Pharmaceutical medicine: tomorrow's impact of today's changes". Further details from Elizabeth Borg, tel: 071-491 8610.

MCA symposium "Labels, leaflets and advertising — the new requirement" on **October 27** in London. Further details from the Central Office of Information, tel: 071-261 8400.

Society of Pharmaceutical Medicine meeting "Anti-atherosclerotic and lipid-modifying drugs in the 1990s" on **October 28-29**. Information from the executive secretary of the Society, tel: 071-581 8333.

RPSGB Scottish Pharmacists Conference "Towards Pharmacy 2000" at the Stirling Highland Hotel, Stirling, on **October 31**. Further details from Dr L. C. Howden, Scottish Department RPSGB, 36 York Place, Edinburgh EH1 3HU.

International Communications for Management, conference for the NHS at the Cafe Royal, London, **November 4-5**. For details call 0483 37557.

Classified

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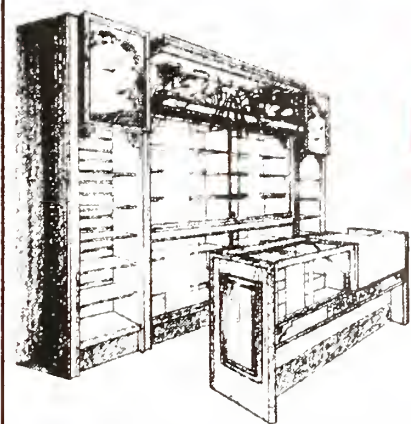
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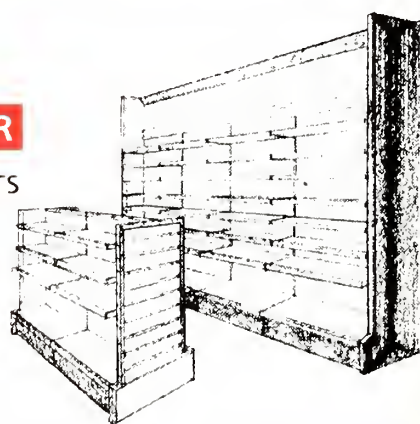
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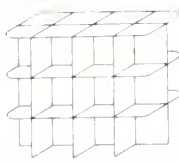
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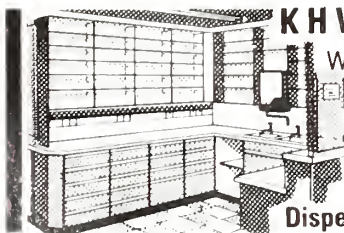
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WEYMOUTH - Locum required to work alternate Saturdays 9-5.30pm for an 'in store' pharmacy. Tel: 0305 814828 daytime.

WALTHAMSTOW E.17 - Regular locum required for Thursdays 9-6.30. Tel: 081-597 8192.

CLAPTON, LONDON E5 - Regular locum required alternate Saturdays. Tel: 081-986 9229 daytime, or 081-801 9709 evenings.

HORNCHURCH, ESSEX - Evening locum required 6-8.00pm Mon-Fri. Tel: 0708 745943.

ROCHFORD, ESSEX - Regular locum required one day per week - Wednesday preferred. Tel: 0702 544104.

SITUATIONS WANTED

EAST LONDON/ESSEX - Experienced and reliable pharmacist available on Mondays and Tuesdays on a regular basis. Tel: 081-534 1652 until 9pm or 071-473 0342.

WOLVERHAMPTON/SHROPS/STAFFS - Two experienced professional locums seek regular or occasional days. Tel: 0952 460281.

S.YORKSHIRE/DERBYSHIRE/NOTTS & N.LINCS - Ex-proprietor available short or long term locum. Would consider regular basis. Tel: 0432 630565.

LONDON/HOME COUNTIES - Locum available for days/weeks/short notice, now booking for 1994. Tel: 081-346 4153.

GLASGOW/SURROUNDING AREAS - Retail pharmacist available long or short term from December. Tel: 03552 30931.

EDGWARE/N.LONDON/NW.LONDON - Pharmacist available on daily/short or long term basis. Tel: 081-958 6031.

NORTHUMBERLAND, CUMBRIA BORDERS, S.W SCOTLAND - Locum pharmacist available. Regular week day, odd days or emergencies, not Saturdays. Professional supervisory function only. £100 per day inclusive. Tel: 0434 320829.

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TRADE LESS 50% - 127xParlodol 5mg (Exp 03/94), 1x50 Danol 50mg (Exp 07/96), 32xBonafos (Exp 11/94), 45xRifinah 300 (Exp 11/94), 57xMeptid (Exp 08/95). Tel: 021-360 7606.

TRADE LESS 25% - 20x100 propylthiouracil 50mg tabs, 30x100 Dermovate

Cream. Tel: 081-670 1833.

TRADE LESS 30%+VAT+POST - 5x100 Lentizol 50mg, 2x84 Lederlen 300, tabs Zithromax suspn, 3x56 Cardene SR, 2x140 Diurexan, 5x500 ml Brufen Syrup, 6x100 Tarcortin cream, Suprax suspn. Tel: 0202 574386.

TRADE LESS 50%+VAT+POST - 3xboxes Hollister 4404, 3xboxes Hollister 4504, 1xbox Hollister 4604. Tel: 0923 773190.

TRADE LESS 30%+VAT+POST - Antepsin tabs, Aldactide 50 tabs, Loxapac 100mg caps. Tel: 091-536 4640.

TRADE LESS 50%+VAT+POST - 2x28 Atarax 25mg Tabs (Exp 11/93), 2x28 Lopressor SR 200mg (Exp 1/94), 99/56 Lopressor 100mg tabs (exp 4/94), 100 Norval Tabs 20mg (Exp 1/94). Tel: 071-237 1193.

TRADE VALUE £25+VAT+POST - 28 day packs of "Nicotinell TTS30". Tel: 0923 772347.

TRADE VALUE £975 - Almay stock with stand, any reasonable offer considered. Tel: 0384 446244.

TRADE LESS 25% - Rite Diet bread low protein, gluten free with added bran 12x280g, 12 available. Tel: 071-609 0798.

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TRADE LESS 50% - Gentamicin paed inj 20mg (exp 4/94), Colomycin inj 500,000. Tel: 081-841 1588.

TRADE LESS 20% - Servent disk refills, Becodisk 400mcg disk refills, Tagamet 200mg, 400mg, 800mg, Havrix vaccines. Tel: 071-485 2159.

TRADE LESS 40% - 4xRoferon-A 9 M.U (exp 5/94). Tel: 0532 490692.

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NOVA 1.4SR - Blue 1990, 38K miles, nearest £4,600. Tel: 0633 893313 (work).

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MOBILE PHONE - Nokia 101 hand portable, one of the smallest, lightest phones on the market, brand new boxed, two batteries, charger. Tel: 081-423 1665 or

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SOUTHERN FRANCE - Mediterranean, Pyrenean foothills, from £250 monthly or £250 weekly. Tel: 06444 605

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WANTED IN NORTHERN PORTUGAL - Villa wanted for August 1994 for 2 weeks. Tel: 071-226 8409.

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Free entries in "Business Link" (maximum 30 words) are restricted to community pharmacist subscribers to *Chemist & Druggist*. No trade advertisements will be permitted. Acceptance is at the discretion of the Publishers and depends upon space being available. Send proposed wording to "Business Link" using the form printed below.

EXCESS STOCK CAUTION: Pharmacists are responsible for the quality, safety and efficacy of medicines they supply. In purchasing from sources other than manufacturers or licensed wholesalers, they must satisfy themselves about product history, conditions of storage and so on.

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Aboutpeople

Last call for Cardiff

You do not have to be a young pharmacist to attend the Young Pharmacists Group conference in Cardiff on October 29-31. But you do have to be quick off the mark, as the last call is going out for delegates.

The YPG has assembled an impressive line-up of pharmacy figures for its professional programme to encompass the theme "Challenging our profession".

Speakers include vice-president of the Royal Pharmaceutical Society Ann Lewis, managing director of Moss Chemists Barry Andrews and Dr Kim Howells MP, member of the Public Accounts Committee.

Jon Merrills, deputy chief pharmacist at the Department of Health, and David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee, will be taking part in an "Oxford Union" professional debate entitled "Patients' registration will improve the quality of community pharmaceutical service to the nation".

The cost of the entire weekend including hotel and meals is £90 for YPG members and £110 for non-members. The daily rate for delegates is £20/£25; for those who only wish to attend the Gala dinner dance, the cost is £25/£30. For further details of the programme of events or to register, contact Andrew Burr on 0443 207850.

BPC goodies on offer

Conference gifts left over from the British Pharmaceutical Conference in Reading are to be sold with the proceeds going to Birdsgrove House.

Victorian picture frames can be bought for £15 (plus £1.50 post and packing) from Mrs P. Hoare, 62 Sealey's Road, Knotty Green, Beaconsfield, Bucks HP9 1TB.

Regatta straw boaters are available from Mr M. Beaman, 104 Mays Lane, Barnet, Herts EN5 2LL. The boaters are priced at £6 plus postage and package.

Cheques for the goods should be made payable to "Birdsgrove House".

Babyfood reaps rewards

Tottenham pharmacist Hemang Badiani, a self-confessed sceptic about competitions, won £1,647 in a raffle draw organised by Milupa earlier this month.

Since July, Milupa sales representatives have been giving out free raffle tickets to pharmacists with a chance to either win back the value of their order or £50 in cash.

Mr Badiani, who runs Medicure Chemist in Tottenham,

told his Milupa representative, "not to bother giving me any raffle tickets because I have never won anything in my life".

Mr Badiani, who is sharing the money with his brother Jay and his mother, sister and babyfood buyer, hopes to take a well deserved break in the Far East with his wife.

Dixon & Spearman in Stanley, County Durham also got lucky in the draw and won £901.



Tottenham pharmacist Hemang Badiani receives his £1,647 prize from Milupa representative Beverley Collins

£750 practice research award

The closing date for entries in the Pharmacy Practice Research Award, sponsored by the South East Pharmaceutical Industry Group and worth £750, is November 1.

Entries should be a proposed practice research project utilising the award money or a preliminary study currently underway.

The award, being run in conjunction with the Sussex Pharmacy Academic Practice Unit, is available to any pharmacist undertaking practice research within the general area of South East and South West Thames. The award is aimed at furthering pharmacy practice research.

SEPIG chairman Hugh O'Connor says: "Pharmacy and the pharmaceutical industry are partners in the provision of healthcare and this award provides an ideal opportunity for closer collaboration."

For further information contact Dr Chris Clarke at Southlands Hospital, Shoreham-by-Sea, West Sussex.

Appointments

Business Editor for C&D

Anna Evangeli has joined the *Chemist & Druggist* team as Business Editor.

She moves from *Manufacturing Chemist*, another United Newspapers publication, where she was assistant editor/news editor for almost three years.

Anna studied biochemistry at the University of Kent at Canterbury, which involved a year working for ICI Pharmaceuticals near Macclesfield, Cheshire.

Whitehall Laboratories have appointed Dr Harriet Scorer as medical director.

The new UK representative for VERIS — Vitamin E Research and Information Service — is Derek Shrimpton.



Anna Evangeli

Mike Pragnell has been promoted to national sales manager for Elizabeth Arden.

Noritsu's new managing director is Shuji Okada while Dennis Bradley takes over as general manager. Sheri Garratt moves to

customer support and Gary Eas joins the training division.

Sun Nutritional have appointed Dawn Petch as national account manager with additional account responsibilities, including Sun's Irish distributors.

Guy Burt has joined Aerosols International as national account manager.

Roger Murphy takes over as marketing manager for Duracell UK at the end of October.

Three appointments have been made at Colorama: Richard Hankin takes over as general manager at the Manchester laboratory, Stuart Thompson is sales development executive and Martin Chilcott will be customer support manager.

Robert Stephens has been appointed as controller for Wisebuys, the buying group for independent chemists.

WHAT DOES REALLY

**FIND OUT FROM THE BENN
PHARMACY GROUP RETAILER SURVEY**

The 40,000+ readers of the **Benn Pharmacy** titles including **Chemist & Druggist** are the prime decision makers, influencers and purchase specifiers who serve a retail personal care and OTC medicine market worth some £3.3 billion at RSP.

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Heavily advertised brand				<input checked="" type="checkbox"/>
Often requested by your customers		<input checked="" type="checkbox"/>		
Your personal view of the effectiveness of the product				
Other				

HE THINK?



The views of pharmacists and other buyers concerning the personal care and OTC health markets are to be canvassed in a new in-depth survey by Benn Pharmacy Group, the publishers of the above magazines. The survey will draw on a universe encompassing virtually all the pharmacies, drugstores and other outlets selling personal care products and OTC medicines in the UK.

The survey will contain questions covering: criteria used for purchasing from suppliers; brand ratings for a cross-section of OTC, cosmetics and toiletries; evaluation of product marketing and promotion effectiveness; the changing requirements of the customer; assessment of supplying companies; views on key issues of the day; market trends and prospects

Analysis of the extensive questionnaire will be by all relevant classifiers - type of shop, shop size etc and behavioural measures. This invaluable survey will be available to readers at a highly competitive price. For full details and a sample questionnaire return form below.

Please send details of the Benn Group Retailer Survey

Name _____

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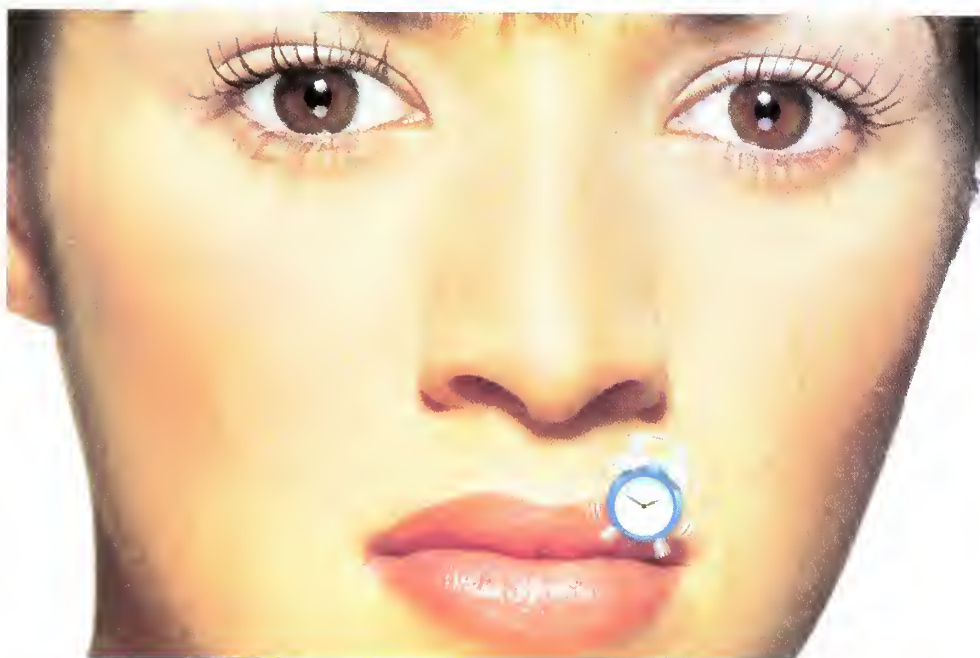
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Please return to: Benn Retailer Survey, Benn Publications Ltd., Sovereign Way, Tonbridge, Kent TN9 1RW or fax 0732 361534
TEL 0732 364422

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ZOVIRAX COLD SORE CREAM[®] Acyclovir. Essential information. **Presentation** 5% w/w acyclovir in water miscible cream base. **Uses** Cold Sore treatment **Dosage and administration** Apply times a day for 5 days. It is important to start treatment as early as possible after the start of an infection, ideally during the tingle phase. If healing has not occurred, treatment may be continued for up to an additional 5 days. **Contra-indications, warnings, etc.** **Contra-indications:** Zovirax Cold Sore Cream is contra-indicated in patients known to be hypersensitive to acyclovir or propylene glycol. **Precautions:** Zovirax Cold Sore Cream should only be used on cold sores on the lips and face. Do not apply inside the mouth or in the eye. Do not use for herpes infections of the eye or the genital area. Do not use if the patient is under the care of a doctor because of a weak immune system. **Side- and adverse-effects:** Transient burning or stinging may follow application. Mild dryness or flaking of the skin has occurred in about 5% of patients. Erythema, itching and contact dermatitis has been reported rarely following application. **Retail Selling Price** - subject to Retail Price Maintenance. 2g tube - £4.99 (PL 3/0304) **Legal category** P. Further information available on request: Wellcome Medical Division The Wellcome Foundation Limited Crewe Hall, Crewe, Cheshire. Date of revision: 1/95/93. [®] Trade Mark.